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Medical Services

Dental Statistical Reporting

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SUMMARY of CHANGE

DA PAM 40-16

Dental Statistical Reporting

This publication--

- o Contain updated information formerly contained in AR 40-182.
- o Establishes procedures for preparing and submitting the Dental Services Report (DSR) and the Area Dental Laboratory Report (ADLR)(chaps 2 and 3).
- o Contains instructions for using the DOD codes and nomenclature for dental procedures (App A).
- o Contains procedures codes needed to complete DSR and ADLR(App A).

Medical Services

Dental Statistical Reporting

By Order of the Secretary of the Army:

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History. This UPDATE printing publishes a new DA pamphlet. This publication has been reorganized to make it compatible with the Army electronic publishing database. No content has been changed.

Summary. This pamphlet establishes procedures for preparing and submitting the Dental Services Report (DSR) and the Area Dental

Laboratory Report(ADLR). It contains instructions for using the DOD codes and nomenclature on dental procedures (app A).

Applicability. *a.* This pamphlet applies to Active Army major medical commands, dental activities, area dental laboratories, and separate table of organization and equipment (TOE) dental units.

b. It also applies to—

(1) Army National Guard (ARNG) dental units while on active duty for training (ADT).

(2) U.S. Army Reserve (USAR) dental units on weekend training, annual training (AT), ADT, or when ordered or called to active duty.

(3) All other units actually providing dental treatment as shown in table 2-1 and paragraph 3-2.

Interim changes. Interim changes to this pamphlet are not official unless they are authenticated by The Adjutant General. Users

will destroy interim changes on their expiration dates unless sooner superseded or rescinded.

Suggested Improvements. The proponent agency for this pamphlet is the Office of The Surgeon General. Users are invited to send comments and suggested improvements on DA Form 2028 (Recommended Changes to Publications and Blank Forms) directly to HQDA (DASG-DCM), 5109 Leesburg Pike, Falls Church, VA 22041-3258.

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Glossary

Chapter 1 Introduction

1-1. Purpose

This pamphlet sets forth the procedures for preparing and submitting the DSR(RCS MED-376(R1)) and the ADLR (RCS MED-389). Procedure codes needed to complete the records are shown in appendix A.

1-2. References

a. Required publication. AR 40-4 (Army Medical Department Facilities/Activities). Cited in paragraph 1-4c.

b. Related publications. (A related publication is merely a source of additional information. The user does not have to read it to understand this pamphlet.)

(1) AR 40-3 (Medical, Dental, and Veterinary Care).

(2) DOD Instruction 6410.2 (Standardization of Code on Dental Procedures). (This publication may be obtained from the Naval Publications and Forms Center, Code 3015, 5801 Tabor Avenue, Philadelphia, PA, 19120-5099 using DD Form 1425 (Specification and Standards Requisition).)

(3) JADA vol. 92, March 1976 (Code on Dental Procedures). (This publication may be obtained from the installation medical library).

(4) TB MED-250 (Recording Dental Examinations, Diagnoses and Treatments).

c. Referenced forms.

(1) DD Form 1425 (Specifications and Standards Requisition).

(2) SF 603 (Health Record—Dental).

1-3. Explanation of abbreviations and terms

Abbreviations and special terms used in this pamphlet are explained in the glossary.

1-4. Responsibilities

a. The Assistant Surgeon General for Dental Services will ensure that the requirements specified in appendix A are met by commanders of all dental activities (DENTACs) and area dental laboratories (ADLs).

b. Commanders of major medical commands will—

(1) Review and submit DENTAC and ADL reports to HQDA(DASG-DCM) 5109 Leesburg Pike, Falls Church, VA 22041-3258.

(2) Develop an audit system, as specified in paragraphs 2-5 and 3-4.

c. Commanders of DENTACs and ADLs organized under AR 40-4 will prepare and issue reports to their appropriate major medical commands.

1-5. Use of reports RCS MED-376(R1) and RCS MED-389

These reports are used for—

a. Recording of dental performance at Army Dental Treatment Facilities (DTFs) and ADLs.

b. Assessing performance as it relates to staff utilization and distribution, facility requirements, type population supported, and so forth at—

(1) The reporting facility.

(2) All intermediate headquarters.

(3) The Office of The Surgeon General.

Chapter 2 Dental Services Report (RCS MED-376(R1))

Section I Introduction

2-1. Overview

This chapter provides instructions for preparing and forwarding the

Dental Services Report (DSR). The DSR is a three-part report, consisting of the following:

a. Dental Procedures Report (see fig 2-1).

b. Clinical Laboratory Procedures Report (see fig 2-2).

c. Dental Supplemental Report (see fig 2-3).

2-2. Requirements

a. The DSR is an automated report; it includes elements shown in paragraphs 2-6 through 2-8.

b. Preparing activities, due dates, and routing of the DSR are shown in table 2-1.

c. The DSR will be issued monthly with quarterly and annual cumulative outputs.

d. No deviation from or additional interpretation of the DOD Codes and Nomenclature for Dental Procedures (app A) will be permitted.

2-3. Corrected reports

Corrected separate or consolidated reports will be prepared as necessary. These reports will be submitted through appropriate Army Medical Department (AMEDD) channels to HQDA (DASG-DCM), 5109 Leesburg Pike, Falls Church, VA 22041-3258.

2-4. System input documents

Commanders of major medical commands will develop daily dental treatment logs and system input documents. These documents will accurately capture and summarize data discussed in paragraphs 2-6 through 2-8.

2-5. Audit

Commanders at all levels will implement a functional audit system to ensure that the DSR, daily treatment log, and the SF 603 (Health Record—Dental) accurately reflect accomplished work.

Section II Reporting Requirements

2-6. Dental Procedures Report

a. Procedures codes. Procedures codes and definitions are shown in appendix A.

b. Reporting procedure. Include the number of raw and weighted work units accomplished during the reporting period by category of beneficiary indicated in *c* below.

c. Category of beneficiary.

(1) Active duty personnel will be reported in one of three columns as appropriate: ARMY; NAVY/MARINE; or AIR FORCE.

(2) Family members of active duty personnel of the Uniformed Services are the only group to be reported in the column labeled "DEPENDENTS."

(3) Retirees will be reported in the column labeled "RETIRED."

(4) Family members of retired or deceased personnel and other personnel not included in any of the above categories will be reported in the column labeled "ALL OTHER."

2-7. Clinic Laboratory Production Report

a. Laboratory codes. Laboratory codes and definitions are shown in appendix A.

b. Reporting procedures. Same as paragraph 2-6b.

c. Category of beneficiary. Same as paragraph 2-6c.

2-8. Dental Supplemental Report

a. Part I, management information. Report the management information listed below, as of the end of the reporting period.

(1) *Military strength served and classification of personnel.* Military strength will reflect troop strength actually paid by the supporting finance and accounting sections. Include the military strength served by category of service. Also include those active duty military personnel who meet the criteria shown below.

(a) Class 1—personnel who require no dental treatment.

(b) Class 2—personnel whose existing dental condition is unlikely to result in a dental emergency within 12 months.

(c) Class 3—personnel who require dental treatment to correct a dental condition which is likely to cause a dental emergency within 12 months.

(d) Class 4—personnel who require a dental examination.

Note. Total of Army personnel in classes 1 through 4 should equal active duty Army population being supported.

(2) *Dental facilities.* Report the number of operating clinics and dental treatment rooms (see glossary). Do not include areas used solely for diagnostic radiography.

(3) *Time lost due to unfilled appointments.* (See glossary.) Report total hours.

b. *Part II, personnel status.* Report requirements and authorizations from the most current and approved table of distribution and allowances (TDA) or TOE. Report personnel assigned as of the last day of the reporting period and all borrowed military manpower (BMM) from other sources.

(1) *Dentists, military and civilian.* Include all dental residents except those in the General Practice Residency/Advanced Educational Program in General Dentistry, One Year. Report contract dentists in the OTHER, BORROWED, ETC column.

(2) *General practice residents.* Include all residents in the General Practice Residency/Advanced Education Program in General Dentistry, One Year.

(3) *Dental noncommissioned officers (NCOs).*

(a) 91E50.

(b) 91E40.

(c) 91E30.

(d) 42D40.

(e) 42D30.

(4) *Dental assistants.*

(a) Military.

(b) Civilian.

(5) *Dental assistants, expanded functions (DTAs).*

(a) Military (additional skill identifier (ASI) X-2).

(b) Civilian.

(6) *Hygienists.*

(a) Military (non X-2).

(b) Civilian.

(c) Civilian (public health).

(7) *Dental laboratory specialists and technicians.*

(a) Military.

(b) Civilian.

(8) *Administration and supply personnel.*

(a) Total number of Medical Service Corps (MS) personnel.

(b) NCOs in charge (NCOIC) of headquarters (HQ), clinics, and labs.

(c) Civilian administrative officers.

(d) Military. Enlisted supply specialists, personnel clerks, drivers, and so forth, not holding a military occupational specialty (MOS) of 91E or 42D.

(e) Civilians. Civilian supply specialists, clerks, secretaries, and so forth.

Chapter 3

Area Dental Laboratory Report (RCS MED-389)

Section I

Introduction

3-1. Overview

This chapter provides instructions for preparing and forwarding the Area Dental Laboratory Report (ADLR). This is a two-part report consisting of the following:

a. Area Dental Laboratory Production Report (see fig 3-1).

b. Area Dental Laboratory Supplemental Report (see fig 3-2).

3-2. Requirements

a. The ADLR is an automated report; it includes the elements shown in paragraphs 3-5 and 3-6.

b. Each ADL will submit, within 30 calendar days after the reporting period, an original ADLR to the ADL Coordinator, Fort Sam Houston ADL, Fort Sam Houston, TX 78234-6200 (computer facsimile is acceptable). The ADL coordinator will submit a consolidated ADLR to the Director of Dental Services, Headquarters, U.S. Army Health Services Command, Fort Sam Houston, TX 78234-6000 and to HQDA(DASG-DCM), 5109 Leesburg Pike, Falls Church, VA 22041-3258.

c. The end of the reporting period will be the last working day of the month.

d. No deviation from or additional interpretation of the DOD Codes and Nomenclature for Dental Procedures (app A) will be permitted.

3-3. Corrected reports

Corrected separate or consolidated reports will be prepared as necessary; they will be routed through the appropriate AMEDD channels to HQDA (DASG-DCM), 5109 Leesburg Pike, Falls Church, VA 22041-3258.

3-4. Audit

Commanders at all levels will implement a functional audit system to ensure that the dental laboratory report and the prosthodontic prescription and consultation request forms accurately reflect the accomplished work.

Section II

Reporting Requirements

3-5. Area Dental Laboratory Production Report

a. *Laboratory codes.* Laboratory codes, definitions, and composite laboratory values (CLVs) are shown in appendix A.

b. *Reporting procedures.*

(1) *Procedures section.*

(a) Include the number of raw and weighted work units accomplished during the reporting period by category of beneficiary.

(b) Category of beneficiary.

1. Active duty personnel will be reported in one of three columns as appropriate: ARMY; NAVY/MARINE; or AIR FORCE.

2. Family members of active duty personnel of the Uniformed Services are the only group to be reported in the column labeled "DEPENDENTS."

3. Retirees will be reported in the column labeled "RETIRED."

4. Family members of retired or deceased personnel and other personnel not included in any of the above categories will be reported in the column labeled "OTHER."

(2) *Station section.* Include station name, procedure titles, units, and total CLVs.

(3) *Production analysis section.* Include total CLVs accomplished by the following:

(a) CLVs, to include total and percent of major categories and number of clinical and laboratory remakes.

(b) Major procedure type.

(c) Cases on hand last day of the month.

(d) Monthly average of time in lab.

(e) Average CLVs.

(f) CLVs by submitting service.

(g) CLVs by beneficiary type.

(h) Average daily strength and productivity data.

3-6. Area Dental Laboratory Supplemental Report

a. *Management indicators.*

(1) Supply cost per procedure.

(2) Show the number of reservists training at the ADL. Report the number of reserve dentists and technicians who worked at the facility during the reporting period. Also report the number of productive hours they contributed and total CLVs they contributed.

b. *Personnel status.* Enter requirements and authorizations from

the most current and approved TDA for the personnel categories shown below; include those personnel assigned on the last day of the reporting period and all borrowed manpower from other sources.

- (1) Dentist.
 - (a) Military.
 - (b) Civilian.
- (2) Dental laboratory NCOs, specialists, and technicians.
 - (a) Military.
 - (b) Civilian.
- (3) Administration and supply personnel.
 - (a) Total number of MS personnel.
 - (b) Dental NCOICs.
 - (c) Civilian administrative officers.
 - (d) Military. Enlisted supply specialists, personnel clerks, drivers, and so forth, not holding an MOS of 91E or 42D.
 - (e) Civilians. Civilian supply specialists, clerks, secretaries, and so forth.
- (4) All other military manpower that cannot be accounted for in any other category.

Appendix A

DOD Codes and Nomenclature for Dental Procedures

A-1. The material in this appendix has been extracted from DOD Instruction 6410.2.

A-2. Tables A-1 through A-10, clinical services, are modifications of the code on dental procedures established by the Council on Dental Care Programs of the American Dental Association (JADA vol. 92, March 1976). The composite time values (CTV) provide weighted time factors for the clinical procedures. The following list of tables are categories of clinical services and code series:

- a.* Table A-1 is for diagnostic services (codes 0100-0999).
- b.* Table A-2 is for preventive services (codes 1000-1999).
- c.* Table A-3 is for restorative services (codes 2000-2999).
- d.* Table A-4 is for endodontics (codes 3000-3999).
- e.* Table A-5 is for periodontics (codes 4000-4999).
- f.* Table A-6 is for prosthodontics, removable (codes 5000-5999).
- g.* Table A-7 is for prosthodontics, fixed (codes 6000-6999).
- h.* Table A-8 is for oral and maxillofacial surgery (codes 7000-7999).
- i.* Table A-9 is for orthodontics (codes 8000-8999).
- j.* Table A-10 is for adjunctive general services (codes 9000-9999).

A-3. Tables A-11 through A-18, laboratory services, are Military Services developed codes. The composite laboratory values (CLV) provide weighted time factors for the laboratory procedures. The following list of tables are categories of laboratory services and code series:

- a.* Table A-11, general procedures (codes 0001-0014).
- b.* Table A-12, fixed partial dentures (codes 0015-0035).
- c.* Table A-13, removable partial dentures (codes 0036-0055).
- d.* Table A-14, complete dentures (codes 0056-0065).
- e.* Table A-15, orthodontics (codes 0066-0079).
- f.* Table A-16, maxillofacial prostheses (codes 0080-0092).
- g.* Table A-17, miscellaneous (codes 0093-0099).
- h.* Table A-18, remakes (codes 08XX-09XX).

A-4. These codes list services most frequently provided by dental providers in facilities of the Military Services. The Department of Defense Codes and Nomenclature for Dental Procedures is provided as a management tool and should not be construed to represent the total practice of military dentistry.

Appendix B Reporting Major Medical Commands, Dental Activities, and Area Dental Laboratories

B-1. 18th Medical Command

- a. 10th Medical Detachment, Dental Service.
- b. 665th Medical Detachment, Dental Service.
- c. U.S. Army DENTAC, Japan (for reporting purposes only).

B-2. 7th Medical Command

- a. Augsburg DENTAC.
- b. Bad Cannstatt DENTAC.
- c. Berlin DENTAC.
- d. Bremerhaven DENTAC.
- e. Frankfurt DENTAC.
- f. Heidelberg DENTAC.
- g. Landstuhl DENTAC.
- h. Nuernberg DENTAC.
- i. SHAPE DENTAC.
- j. Vicenza DENTAC.
- k. Wuerzburg DENTAC.

B-3. U.S. Army Health Services Command

a. Dental activities.

- (1) Fort Belvoir, VA.
- (2) Fort Benning, GA.
- (3) Fort Bliss, TX.
- (4) Fort Bragg, NC.
- (5) Fort Campbell, KY.
- (6) Fort Carson, CO.
- (7) Fort Devens, MA.
- (8) Fort Dix, NJ.
- (9) Fort Drum, NY.
- (10) Fort Eustis, VA.
- (11) Fitzsimons AMC, CO.
- (12) Fort Gordon, GA.

- (13) Honolulu, HI.
- (14) Fort Hood, TX.
- (15) Fort Huachuca, AZ.
- (16) Fort Irwin, CA.
- (17) Fort Jackson, SC.
- (18) Fort Knox, KY.
- (19) Fort Leavenworth, KS.
- (20) Fort Lee, VA.
- (21) Fort Leonard Wood, MO.
- (22) Fort Lewis, WA.
- (23) Fort McClellan, AL.
- (24) Fort Meade, MD.
- (25) Fort Monmouth, NJ.
- (26) Fort Ord, CA.
- (27) Panama.
- (28) Fort Polk, LA.
- (29) Presidio of San Francisco, CA.
- (30) Redstone Arsenal, AL.
- (31) Fort Richardson, AK.
- (32) Fort Riley, KS.
- (33) Fort Rucker, AL.
- (34) Fort Sam Houston, TX.
- (35) Fort Sill, OK.
- (36) Fort Stewart, GA.
- (37) Walter Reed AMC, WASH DC.
- (38) West Point, NY.

b. Area dental laboratories.

- (1) Alameda, CA.
- (2) Fort Gordon, GA.
- (3) Fort Sam Houston, TX.
- (4) Walter Reed AMC, WASH DC.

Table 2-1
Preparing activities, due dates, and routing of the Dental Service Report

A If activity is a	B Separate report required	C Consolidated report required	D Due date	E Submitted to
1. Major medical command	For all TOE/TDA, DTF, and ARNG/USAR dental units	For all DENTACs or major medical commands	30 days after end of period (note 1)	HQDA (DASG-DCM)
2. DENTAC/Unit HQ	For all TOE/TDA, DTFs, and ARNG/USAR dental units	No	As prescribed by major medical command	Major medical command (note 2)
3. DTF	Yes	No	As prescribed by DENTAC	DENTAC
4. ARNG/USAR Dental units on IDT, AT, ADT and when ordered or called to active duty.	Yes	No	As prescribed by DENTAC	DENTAC (note 3)

Notes:

¹ The end of the reporting period is the last working day of the month.

² US Army DENTAC, Japan, will report workload to 18th Medical Command, Korea.

³ Report submitted to the DENTAC in whose geographical area the ARNG or USAR unit is operating. System input documents and operating instructions will be furnished by the supporting DENTAC.

Table A-1
Clinical services—diagnostic (0100 to 0999)

Code	CTV	Definition or description
Clinical Oral Examinations		
0120	0.8	Periodic Oral Examination. The examination of all oral hard and soft tissues using a periodontal probe, mirror, and explorer, and bite-wing, panoramic, or other radiographs as professionally indicated. This includes the recording of an initial treatment plan. Credit one per patient examined.
0125	0.5	Identification Charting. Recording procedures required to initiate a patient's dental health record. Credit one per patient record charted.
0130	0.4	Other Examination. Oral consultation between staff or staff and residents; observations where no formal consultation is provided or emergency oral examinations for evaluation of pain, trauma, or defective restorations. Credit one per dentist participating.
0133	0.4	Screening Examination. The initial dental processing of recruits and other dental screening procedures performed by dentists or trained technicians. Credit one per patient screened.
0140	3.6	Comprehensive Examination. Lengthy clinical evaluations required to establish diagnoses and formulate total written treatment plans. Credit one per patient examined. Examples are: (1) The examination of an appointed patient using full mouth or panoramic radiographs; periodontal probing of all teeth; evaluation of all remaining teeth as to occlusion, caries, and defective restorations; and formulation of a total treatment plan. (2) The examination and history taking procedures necessary to determine the etiology or differential diagnosis of a complex chief complaint, e.g., temporomandibular joint pain, oral-facial pain. (3) The examination and history taking procedures necessary to complete the Department of Defense Medical Examination Review Board (DODMERB) form.
0141	6.2	Postmortem Examination or Bite Mark Analysis for Identification. Postmortem dental examination or bite mark analysis for identification purposes. Credit one per examination performed.
0150	0.7	Written Consultation. The written request for, or written response to, a professional consultation or recommendation. Credit one per consultation.
0160	0.2	Blood Pressure Recording. Blood pressure measurements for screening or other purposes. Credit one per blood pressure taken.
Radiographs and Photographs		
0210	2.8	Intraoral Series. Periapical radiographs of all teeth and edentulous areas. Includes bite-wing radiographs of all posterior teeth when applicable. Credit one per series exposed.
0220	0.2	Intraoral Film. Credit one per bite-wing, periapical, or occlusal film exposed. Credit an entire intraoral series under code 0210.
0221	0.1	Duplication of Radiographs (other than panoramic). Credit one per radiograph, other than panoramic, duplicated.
0250	0.5	Extraoral Film. Any film of extraoral nature taken with a dental radiographic machine, exclusive of the panoramic or cephalometric film. Credit one per exposure.
0310	1.9	Sialography. Intraoral or extraoral radiographic exposure of salivary glands/ducts injected with radiopaque dye. Credit one per exposure.
0330	0.4	Panoramic Film. Credit one per panoramic film or other specialized radiograph made with a panoramic machine.
0331	0.5	Double Panoramic Film. Credit one when two panoramic films are exposed at the same time. This gives credit for both films. Do not take additional credit for 0330, Panoramic Film, with this code.
0332	0.3	Duplication of Panoramic Radiographs. Credit one per panoramic radiograph duplicated.
0340	0.8	Cephalometric Film. Credit one per exposure made with a cephalometric radiographic machine.
0350	0.2	Diagnostic Clinical Photograph. Patient photographs taken by a dentist to support clinical treatment, research, or educational programs. These photographs do not become a permanent part of the dental record. Credit one per exposure.
0360	0.3	Identification Photograph. A patient photograph taken by a dentist or dental technician for identification, diagnostic, or documentation purposes which becomes a permanent part of the dental record. Credit one per patient sitting.

Tests and Laboratory Examinations

Table A-1
Clinical services—diagnostic (0100 to 0999)—Continued

Code	CTV	Definition or description
0410	0.8	Bacteriologic Cultures. Credit one per specimen collected for bacteriologic culture for diagnosis, endodontic therapy, or sensitivity testing.
0450	0.6	Macroscopic Tissue Examination. The gross description recorded on a pathology report and appropriate sectioning of unprepared hard or soft tissue specimens. Credit one per specimen described.
0451	1.8	Microscopic Tissue Examination. The histopathologic description, microscopic interpretation, and diagnosis recorded on the pathology report of prepared hard or soft tissue specimens. Credit one per specimen described..
0460	0.8	Endodontic Diagnostic Test. The use of thermal, electrical, or operative procedures (test cavity) to establish a pulpal diagnosis and/or determine vitality. Credit one per appointment regardless of the number of tests.

Table A-2
Clinical services—preventive (1000 to 1999)

Code	CTV	Definition or description
		Dental Prophylaxis. Removal of exogenous stain, plaque, and supragingival calculus by polishing and/or instrumentation. Credit one per appointment.
1110	1.8	Adult Prophylaxis. Prophylaxis on permanent dentition.
1120	1.0	Child Prophylaxis. Prophylaxis on deciduous or mixed dentition.
		Fluoride Treatments
1240	0.7	Topical Fluoride, Professional Application. Topical application of fluoride substances to the entire dentition of an individual by a dental officer, hygienist, or dental technician regardless of the mode of application. Credit one per patient treated.
1245	0.9	Topical Fluoride, Self-Applied, Group. Topical fluoride applications performed in a group setting such as brush-ins and rinse-ins. Credit one per group.
		Other Preventive Services
1310	1.4	Dietary Planning. Specifically designed sessions for individual dietary/nutritional history taking, evaluation, and diet planning. Credit one per appointment.
1330	0.3	Individual Oral Health Counseling. Thorough personal counseling and demonstration to individual patients of procedures to attain and maintain oral health. Credit one per counseling session.
1331	1.9	Group Oral Health Counseling. Counseling of groups of individuals concerning the attaining and maintaining of oral health. Credit one per group regardless of size.
1350	0.3	Application of Pit and Fissure Sealants. The use of acid etch resin technique as a primary preventive procedure. Enamel etching is included in the CTV for this procedure. Credit one per tooth treated.
1360	0.4	Plaque and Tissue Indices. Clinical indices and tests used to identify bacterial plaque accumulation and/or to determine soft tissue health and response (e.g., plaque, debris, and periodontal indices; bleeding points; and phase contrast microscopy). The name of the index or test and its numerical or descriptive value must be recorded in the patient's record. Credit one per index or test recorded.

Table A-3
Clinical services—restorative (2000 to 2999)

Code	CTV	Definition or description
		Amalgam Restorations. Credit includes cavity preparation; placement of liners, matrices, and restorative material; and finishing procedures accomplished during the appointment.
2140	1.0	Amalgam, One Surface. Credit one per one surface amalgam restoration. Limited to one per tooth surface.
2150	1.9	Amalgam, Two Surface. Credit one per two surface amalgam restoration requiring a matrix placement. Limited to two per tooth.
2160	2.2	Amalgam, Three Surface. Credit one per three surface amalgam restoration requiring a matrix placement. Each cusp covered is counted as a surface.

Table A-3
Clinical services—restorative (2000 to 2999)—Continued

Code	CTV	Definition or description
2161	2.6	Amalgam, Four or More Surface. Credit one per four or more surface amalgam restoration requiring a matrix placement. Each cusp covered is counted as a surface.
		Glass Ionomer Restoration. Credit includes placement of conditioner, matrices, restorative material, and varnish, and finishing procedures accomplished during the appointment.
2205	1.0	Glass Ionomer Without Cavity Preparation. Credit one per glass ionomer restoration.
2215	1.2	Glass Ionomer With Cavity Preparation. Credit one per glass ionomer restoration.
		Resin Restoration, Unfilled or Composite. Credit includes cavity preparation, placement of matrices and restorative material, and finishing procedures accomplished during the appointment. (Credit glazing and acid etching separately).
2320	1.2	Resin, Simple. Credit one per one or two surface resin restoration that does not include the incisal angle.
2336	1.9	Resin, Complex. Credit one per three or more surface resin restoration, or one which includes the incisal angle.
2340	0.2	Acid Etch. Acid etching for retention. Credit one per tooth etched.
2341	0.2	Glazing Composite. The application of a glazing agent over the finished composite restoration. Credit one per tooth glazed, regardless of number of restorations per tooth.
2342	1.4	Resin, Esthetic. The placement of resins with minimal cavity preparation on fluoride or tetracycline stained teeth or other unesthetic abnormalities. Credit one per tooth treated.
2343	1.9	Laminate Veneer Facing. The attachment of laminate veneers to teeth by means of acid etch bonding. Credit one per tooth veneered.
		Gold Foil Restoration. Credit is included in the CTV of each cohesive gold restoration for cavity preparation, placement of liners and restorative material, and finishing procedures. Credit one per restoration.
2410	2.8	Gold Foil, Class I. Occlusal surface restoration of molars and premolars, including buccal or occlusal pits, cast crown repairs, and small lingual surface restorations on anterior teeth.
2420	5.9	Gold Foil, Class II. Proximal surface restoration of molars and premolars.
2430	5.9	Gold Foil, Class III. Proximal surface restoration of anterior teeth.
2440	8.1	Gold Foil, Class IV. Proximal surface restoration of anterior teeth that involves the incisal angle.
2450	6.2	Gold Foil, Class V. Restoration of the gingival aspect of facial or lingual surfaces of all teeth.
2460	3.4	Gold Foil, Class VI. Restoration of the incisal edge of anterior teeth or cusp tips of posterior teeth.
		Cast Inlay Restoration. Credit is allowed in the CTV of each cast inlay for cavity preparation, liners, final cementation, and finishing procedures. Credit one per cast metal restoration.
2511	4.9	Inlay, One Surface.
2521	6.6	Inlay, Two Surface.
2531	7.0	Inlay, Three Surface.
2541	7.8	Onlay (Cusp Coverage).
2542	6.4	Pinledge Restoration. Cast restoration with pin retention that involves incisal and/or lingual surfaces of anterior teeth.
		Porcelain Restoration
2610	4.9	Porcelain Inlay. Credit one per porcelain inlay.
		Other Restorative Services
2910	1.4	Recement Inlay, Crown, or Fixed Partial Denture. Credit one per inlay, crown, or retainer permanently recemented.
2940	0.5	Sedative/Temporary Restoration. The placement of a sedative or temporary restoration, or the temporary cementation/recementation of a cast restoration. Credit one per tooth temporized.
2952	0.8	Restoration Polish. Credit one per restoration polished at an appointment subsequent to its placement. Should include the use of burs, stones, disks, and polishing agents as indicated.
2953	0.4	Pin Retention. Credit one per pin (threaded, cemented, or friction-locked) placed for retention or resistance form of a restoration.

Table A-3
Clinical services—restorative (2000 to 2999)—Continued

Code	CTV	Definition or description
2954	0.2	Intermediate Base. Placement of base material to provide pulpal protection and/or internal cavity form, excluding pulp caps and varnishes. Credit one per tooth regardless of the number of bases placed.
2955	1.0	Post Retention. Credit one per prefabricated post placed in an endodontically treated root canal space for retention or resistance form of a restoration.
2960	0.4	Rubber Dam Application. Credit one per application.
2970	0.2	Enameloplasty or Odontoplasty. Modification of tooth contour to improve form, function, and/or esthetics. Includes preparation of teeth for overdenture abutments and recontours accomplished with root resections or furcation improvements. Credit one per tooth modified.

Table A-4
Clinical services—endodontics (3000 to 3999)

Code	CTV	Definition or description
		Pulp Capping. The application of a protective dressing over an exposed or nearly exposed vital pulp to protect the pulp against additional injury. Credit one per tooth treated.
3110	0.4	Direct Pulp Cap. Placement of a pulp cap directly over an exposed pulp.
3120	0.2	Indirect Pulp Cap. Placement of a pulp cap over a thin layer of remaining dentin.
		Pulpotomy and Pulpectomy
3210	1.5	Pulpotomy. Surgical amputation of coronal portion of exposed vital pulp to preserve vitality and function of remaining radicular pulp. Performed on permanent or deciduous teeth. Credit one per tooth treated. Credit restoration separately.
3230	1.6	Pulpectomy, Total. The total removal of the dental pulp. Credit one per tooth treated.
3231	0.7	Pulpectomy, Partial. An opening through the crown into the root canal space to establish drainage. Credit one per tooth treated.
		Root Canal Therapy. The internal debridement, cleaning, shaping, and permanent obturation of the root canal system. This excludes temporary and final restorations. Credit one per tooth completed. Root canal therapy on deciduous teeth is credited by code 3340.
3311	2.3	Anterior Root Canal Therapy, One Canal.
3312	2.5	Anterior Root Canal Therapy, Two or More Canals.
3321	2.7	Premolar Root Canal Therapy, One Canal.
3322	3.0	Premolar Root Canal Therapy, Two Canals.
3323	3.9	Premolar Root Canal Therapy, Three or More Canals.
3331	3.1	Molar Root Canal Therapy, One Canal.
3332	3.7	Molar Root Canal Therapy, Two Canals.
3333	3.9	Molar Root Canal Therapy, Three Canals.
3334	4.4	Molar Root Canal Therapy, Four or More Canals.
3335	2.0	Root Canal Filling Removal. Procedures required to remove an existing root canal filling such as silver cone, gutta percha, or paste because of failure of previous treatment or prosthetic needs. Credit one per tooth treated in addition to the definitive root canal therapy.
3340	2.4	Deciduous Root Canal Therapy.
3350	2.5	Apexification/Apexogenesis Treatment. A chemical method of inducing root-end closure of an incompletely formed, vital or nonvital tooth. Credit one per tooth treated.
3360	1.8	Endodontic Interim Treatment. Treatment accomplished during the course of root canal therapy. Do not take credit for this code on the first or last appointment. Credit one per tooth treated per interim visit.
		Periradicular Treatment. Treatment, with surgical intervention, of the apical and/or lateral portions of a root and the surrounding tissue. Credit associated mucogingival surgery in addition to the endodontic service.

Table A-4
Clinical services—endodontics (3000 to 3999)—Continued

Code	CTV	Definition or description
3410	3.3	Apicoectomy. Removal of the apical portion of the root(s). Curettage of the associated periapical region is included. Credit one per root treated.
3420	0.9	Retrograde Filling. The sealing of the apical end of the root canal by placing a restoration in the root apex. Credit one per restoration placed.
3470	1.0	Surgical Fenestration (Trephination). Surgical perforation of the gingival mucoperiosteum and alveolar plate of bone over the root apex to relieve pain caused by the accumulation of tissue exudate. Credit one per tooth treated.
3480	1.6	Marsupialization. The placement of a device (tube, etc.) for the purpose of decompression of large periradicular lesions. Credit one per device placed.
Other Endodontic Services		
3960	1.9	Bleaching of Discolored Teeth. The use of chemical agents to remove discolorations from the crowns of vital or non-vital teeth. Credit one per tooth treated per visit.
3970	2.5	Perforation Repair. A chemical or mechanical method of inducing hard tissue formation at the site of perforation in a nonvital tooth. This includes a surgical procedure to repair the defect with a restorative material. Credit one per tooth treated.
3980	7.7	Endodontic Endosseous Implant. A metallic extension of the root canal filling placed beyond the root apex and inserted into a previously prepared channel in the bone. Credit one per tooth treated.

Table A-5
Clinical services—periodontics (4000 to 4999)

Code	CTV	Definition or description
		Surgical Service. Surgical procedures for treatment of periodontal disease and mucogingival defects. These procedures include credit for placement of sutures and initial periodontal dressing if applicable. Postoperative care is credited under code 9918, Postoperative Treatment.
4210	1.5	Gingivectomy. The excision of the soft tissue wall of supra-bony pockets. Credit one per sextant treated. Removal of soft tissue done as part of a flap procedure does not qualify as a gingivectomy.
		—or—
		Gingivoplasty. The reshaping of gingival deformities to improve form and function. This also includes electrosurgical intervention. Credit one per sextant treated. Includes fiberotomies done for orthodontic purposes.
4220	1.3	Gingival Curettage. A procedure done under local anesthesia for the intentional removal of the crevicular lining of a periodontal pocket. Does not include the coincidental removal of crevicular epithelium during scaling, root planing, or as part of another surgical procedure. Credit one per sextant treated.
4230	0.7	Mesial/Distal Wedge. A flap procedure to reduce pocket depth or tissue thickness mesial or distal to a terminal tooth in a sextant. Credit one per sextant treated.
4240	2.0	Gingival Flap. A procedure to gain access to root surfaces by surgically separating the gingiva from the roots. The collar of tissue around the necks of teeth is removed. Close interproximal flap adaptation is employed. Includes excisional new attachment (ENAP) or similar procedure. Credit one per facial flap and one per lingual flap per sextant.
4250	2.6	Mucogingival Flap. The detachment of the gingiva and other soft tissue in order to visualize and obtain access to the alveolar process or tooth structure or to reposition the gingival unit. Credit one per facial flap and one per lingual flap per sextant.
4260	1.4	Osseous Resective Surgery. Procedures to reshape alveolar bone (osteoplasty) or to remove alveolar bone proper (osteotomy) in treating periodontal disease. Credit one per sextant.
4261	1.7	Osseous Graft. The implanting of living tissue or inert material into periodontal osseous defects to regenerate new periodontal attachment (bone, periodontal ligament, and cementum). Credit one per sextant regardless of the number of grafts done.
4270	2.4	Soft Tissue Graft. Repositioning of a soft tissue flap that has remained attached at the donor site, or complete separation of a graft from the donor site and replacement in another location to correct a periodontal or mucogingival defect. Credit one per defect treated. Surgery at the donor site is included in the CTV for this procedure.
4272	3.1	Vestibuloplasty. A procedure to widen the zone of attached gingiva and extend the vestibular depth. Credit one per sextant treated.

Table A-5
Clinical services—periodontics (4000 to 4999)—Continued

Code	CTV	Definition or description
		Adjunctive Periodontal Service. Supplementary therapeutic procedures to treat periodontal disease, occlusal trauma, and their sequelae.
4320	2.9	Provisional Splint, Intracoronal. A fixed device, placed intracoronally, to immobilize or stabilize teeth for a limited period of time. Credit one per splint.
4321	3.0	Provisional Splint, Extracoronal. A fixed or removable device to stabilize mobile or avulsed teeth for a limited period of time. Credit one per splint.
4322	3.0	Removal of Provisional Splint, Extracoronal. The removal of a fixed device to stabilize mobile or avulsed teeth. Included are removal of the device and recontouring and polishing of all coronal surfaces affected by the attaching medium. Credit one per splint removed.
4330	0.7	Occlusal Adjustment, Limited. Reshaping the occlusal or incisal surfaces of teeth by grinding to improve inter-arch tooth contact relationships. An adjustment is limited when one or more selective teeth are reshaped. Credit one per appointment. Do not use this code for adjustment of recently placed restorations. Credit for this is code 9918, Postoperative Treatment.
4331	7.2	Occlusal Adjustment, Complete. Reshaping the occlusal and/or incisal surfaces of the teeth by grinding to achieve harmonious contact during functional movement. An adjustment is complete when all or nearly all teeth are involved and no further adjustment is required. Credit one per completed adjustment.
4342	0.6	Periodontal Scaling. The complete removal of subgingival calculus and bacterial debris with instrumentation. Credit one per completed sextant.
4343	1.4	Periodontal Scaling and Root Planing. The smoothing of root surfaces as well as the complete removal of calculus. Scaling accomplished during root planing is included in the CTV for this procedure and should not be credited separately. Do not credit curettage for crevicular epithelium coincidentally removed during root planing. Credit one per completed sextant.
4351	0.7	Root Desensitization. The application of agents or drugs to exposed root surfaces to reduce or eliminate dentinal sensitivity. Credit one per appointment regardless of the number of teeth treated.
4361	2.8	Occlusal Splint. A removable device covering one or both dental arches designed to minimize the damaging effects of bruxism and other occlusal or temporomandibular dysfunction. Credit one per device (maximum one per arch). Soft vacuum formed mouthguard or fluoride carrier should be credited by code 9940.
4370	1.2	Hemisection. The surgical sectioning of a multirooted tooth through the furcation area so that the blocked, defective, or periodontally involved root or roots may be removed along with the associated portion of the crown. Root canal treatment is reported under appropriate endodontic code. Credit one per tooth treated.
4371	1.8	Root Amputation. The complete removal of one or more roots of a multirooted tooth. Root canal therapy is reported under the appropriate endodontic code. Credit one per tooth treated.
4372	1.6	Bicuspidization. Sectioning of a multirooted tooth through the furcation and retention of both halves. Credit one per tooth treated.

Table A-6
Clinical services—prosthodontics, removable (5000 to 5999)

Code	CTV	Definition or description
		Complete Denture. A prosthesis that replaces the entire dentition and associated structures of the maxilla or mandible. Credit is included in the CTV of each procedure for try-ins, insertion, and adjustments when inserted. Credit one per denture inserted.
5110	10.3	Complete Denture
5130	11.4	Immediate Complete Denture. A complete denture constructed for insertion immediately following the removal of remaining natural teeth.
		Removable Partial Denture. A prosthesis that replaces one or more but not all of the natural teeth and/or associated parts of the maxilla or mandible and that is supported by teeth and/or mucosa and may be readily removed from the mouth. Credit is included in the CTV of each partial denture for tooth preparation, try-ins, insertion, and adjustments when inserted. Credit one per partial denture inserted.
5201	3.2	Partial Denture, Resin. Made completely of acrylic resin and may or may not have wire retention clasps.
5203	12.3	Partial Denture, Cast Metal. Constructed of metal and/or metal and resin with metal, resin, or porcelain replacement teeth.

Table A-6
Clinical services—prosthodontics, removable (5000 to 5999)—Continued

Code	CTV	Definition or description
5205	13.4	Immediate Partial Denture, Cast Metal. Constructed for insertion immediately following the removal of natural teeth.
5207	7.1	Precision Attachment. A frictional, internal, or keyway attachment that is planned, prepared, related, and adjusted by the dentist. Credit one per attachment.
5208	25.9	Partial Denture with Precision Attachments. An integral part of the partial denture must be a precision attachment(s).Credit one per prosthesis.
5330	2.6	Partial Denture, Corrected Cast. Any bearing area related to the subjacent mucosa by means of an impression made with metal casting. Credit one per sextant corrected.
Removable Denture Repairs		
5611	1.0	Complete Denture Repair. Repair of the denture base and/or replacement of tooth/teeth. Credit one per denture repaired.
5621	1.0	Partial Denture Repair. Repair of the denture base (acrylic or metal), framework (clasps, rests, major and minor connectors), or denture teeth. Credit one per component repaired.
5631	2.0	Maxillofacial Prosthesis Repair. Chairside repair of a maxillofacial prosthesis. Credit one per prosthesis repaired.
Denture Duplication, Relining, or Rebasing		
5711	1.9	Duplicate Denture. A second denture intended to be a copy of the first denture. Credit one per duplicate denture or overdenture.
5731	2.6	Denture Reline, Chairside. To resurface the tissue side of a complete or partial denture with new base material, tissue conditioning material, or other interim lining. Credit one per denture relined.
5751	4.2	Denture Reline, Laboratory. To resurface the tissue side of a complete or partial denture with a laboratory processed material. Credit one per denture relined.
5763	5.6	Complete Denture Rebase. The replacement of the denture base with new laboratory processed material without changing the occlusal relationship. Credit one per denture rebased.
5765	4.2	Removable Partial Denture Rebase. The replacement of the denture base with new laboratory processed material without changing the occlusal relationship. Credit one per denture rebased.
Other Prosthetic Services		
5820	3.5	Remount, Chairside. The affixing of a jaw relation record to an articulator and the occlusal adjustment of a removable partial, fixed partial, or complete denture. This is a clinical procedure done at insertion or at a subsequent patient visit. Credit one per remount procedure.
5860	13.6	Overdenture, Complete. A complete denture constructed for insertion over one or more remaining prepared teeth or roots. Credit one per prosthesis.
5862	14.9	Overdenture, Complete, Immediate. A denture constructed for insertion immediately following the removal of natural teeth, leaving strategic teeth to support the denture. Credit one per prosthesis.
5864	15.6	Overdenture, Partial. A partial denture constructed for insertion over one or more remaining prepared teeth or roots. Credit one per prosthesis.
5866	16.9	Overdenture, Partial, Cast Metal, Immediate. A partial denture constructed for insertion immediately following the removal of natural teeth, leaving strategic teeth to support the denture. Credit one per prosthesis.
5871	1.9	Metal Base. The cast metal base used in some complete dentures or the metal substructure incorporated in some overdentures. Credit one per prosthesis in which a metal base is incorporated.
5872	5.6	Cast Metal Occlusals. The substitution of cast metal in place of denture material for the occluding surfaces of any removable prosthesis. Credit one per quadrant of cast metal occlusals per prosthesis.
5873	0.5	Amalgam Occlusals. The substitution of dental amalgam for part of the occluding surfaces of denture teeth. Credit one per amalgam placed.
Maxillofacial Prosthetics. That branch of dentistry that provides prostheses to treat or restore tissues of the stomatognathic system and associated facial structures that have been affected by disease, injury, surgery, or congenital defect providing all possible function and esthetics.		
5905	4.4	Prosthetic Impression. An impression of any portion of the body exclusive of dental impressions. Credit one per impression made.
5910	18.5	Maxillofacial Prosthesis. Prosthesis fabricated for a defect of the forehead, side of face, lips, ear, nose, or eye. Credit one per prosthesis.

Table A-6
Clinical services—prosthodontics, removable (5000 to 5999)—Continued

Code	CTV	Definition or description
5925	18.5	Other Prosthesis. An artificial replacement for a finger, breast, toe, etc. Credit one per prosthesis.
5930	18.5	Face Mask, Custom. Includes facial impression and creation of a face cast. Credit one per face mask fabricated.
5940	16.8	Implants: Cranial, Sternal, Facial, Breast, Penile, Testicular. Prostheses fabricated to provide normal symmetry for patients having incurred trauma or disease, or having congenital or developmental defects. Credit one per prosthesis.
5950	19.4	Maxillary Inclined Plane and/or Maxillary Occlusal Table. Extension of the maxillary occlusal surface in either an inclined or flat plane to provide occlusal contact and guidance for the mandibular sextant (hemimandibulectomy). Credit one per prosthesis.
5955	16.8	Mandibular Guide Flange. A prosthesis used to maintain proper mandibular sextant position for proper occlusal contact. Prosthesis is fabricated to removable partial denture. Credit one per prosthesis.
5960	12.4	Palatal Lift/Drop Prosthesis. A prosthesis used to either elevate the soft palate to improve velopharyngeal function or drop the palate into approximation with residual tongue postglossectomy. Prosthesis can be temporary (acrylic and wire clasps) or permanent (cast framework and acrylic soft palate extension).Credit one per prosthesis.
5970	21.7	Obturator. A prosthesis used to close a congenital or acquired opening in the palate. Credit one per prosthesis.
5980	18.4	Speech Bulb. An extension of an obturator into the nasopharyngeal area of an acquired or congenital defect to obtain velopharyngeal closure and restore normal speech resonance and swallowing. Credit one per prosthesis.

Table A-7
Clinical services—prosthodontics, fixed (6000 to 6999)

Code	CTV	Definition or description
		Fixed Prosthesis. A prosthesis not readily removed by the patient or dentist. It is cemented directly to natural teeth or roots that provide major support or indirectly by means of a retainer. Metal components may be of gold, or semiprecious or nonprecious metal. Credit is included in the CTV of each code for tooth preparation, try-ins, cementation, and adjustments when inserted.
		Crown/Retainer. A fixed restoration of all or part of the coronal portion of a natural tooth. Credit one per crown/retainer cemented.
6110	8.1	Crown/Retainer, Resin, Veneered. A restoration of the entire coronal portion constructed of cast metal with a resin veneer.
6120	11.1	Crown/Retainer, Porcelain. A restoration of the entire coronal portion constructed entirely of porcelain.
6130	11.1	Crown/Retainer, Porcelain Fused to Metal. A restoration of the entire coronal portion constructed of cast metal with a fused porcelain veneer.
6150	7.9	Crown/Retainer, Partial Veneer, Metal. A restoration of a major portion of the coronal portion (e.g. 1/2, 3/4, 7/8) constructed of cast metal.
6160	7.6	Crown/Retainer, Metal. A restoration of the entire coronal portion constructed of cast metal.
		Pontic. Credit one per pontic.
6201	1.4	Pontic, Cast Metal. A pontic fabricated entirely of metal.
6203	1.2	Pontic, Porcelain. A pontic fabricated of porcelain.
6204	1.2	Pontic, Resin Veneered. A pontic fabricated with resin cured to metal.
6220	1.9	Pontic, Slotted Facing. A pontic with a facing that has a retentive female keyway that a male key will fit closely into for cementation. It may be fabricated from porcelain or acrylic resin.
6240	1.5	Pontic, Porcelain Fused to Metal. A pontic fabricated by fusing porcelain to a metal substructure.
		Repairs. Accomplished by the dental officer.
6610	2.5	Replace Broken Facing. A repair accomplished by cementing resin or porcelain facings, paint-on facings, and composites. Credit one per facing repaired.
6611	2.1	Stain and Glaze. Credit one per facing and/or pontic stained and glazed.
6612	4.1	Broken Connector. The removal of a fixed partial denture and repair of broken connectors by resoldering. Credit one per connector soldered.

Table A-7
Clinical services—prosthodontics, fixed (6000 to 6999)—Continued

Code	CTV	Definition or description
Other Fixed Prosthetic Services		
6705	2.1	Retainer, Cast Metal for Acid Etch Bridge. An extracoronary retainer whose retention is gained by bonding of acid etch tooth and metal surface. Credit one per retainer.
6710	3.8	Crown, Resin, Processed. A crown constructed entirely of heat-cured resin. Credit one per crown cemented.
6711	2.1	Crown, Resin, Interim. An interim crown to be used for a short period of time until more definitive prosthodontic therapy can be provided. Credit one per crown cemented.
6714	3.2	Fixed Partial Denture, Interim. An interim fixed partial denture to be used for a short period of time until more definitive prosthodontic therapy can be provided. Credit one per interim fixed prosthesis cemented.
6719	2.1	Crown, Stainless Steel, Aluminum, Tin. A crown used for short-term temporization or for pedodontic treatment. Credit one per crown cemented.
6720	4.4	Post-Core, Metal. A metal casting with a post to be placed in the canal of a root, designed to retain an artificial crown or provide support for an overdenture. Credit one per post-core cemented.
6730	3.5	Composite Resin Fixed Partial Denture. Replacement of a missing tooth by bonding a pontic (either the natural or artificial tooth) between abutment teeth by the acid etch resin technique. Credit one per completed prosthesis. Take separate credit for acid etch.

Table A-8
Clinical services—oral and maxillofacial surgery (7000 to 7999)

Code	CTV	Definition or description
Odontogenic Procedures. Credit is included in the CTV of each procedure for the following: flap procedures; sutures; removal of associated tissue remnants, cysts or tumors; and alveoloplasty. Credit one per tooth extracted, exposed, transplanted, implanted, or replanted.		
7110	0.7	Tooth Removal. Extraction of a tooth or root. Bone removal or sectioning not required. (For removing root tips, credit one per root tip that has been pathologically separated from the crown.)
7120	1.2	Tooth Removal, Complicated. Extraction of a tooth or root with surgical sectioning and/or bone removal required.
7130	1.4	Tooth Removal, Impacted. Extraction of a tooth that is partially or completely covered by bone and/or soft tissue.
7140	3.2	Tooth Implantation, Replantation, Transplantation. Includes implantation of a tooth made from artificial material, replacement of an avulsed or traumatically displaced tooth, and autogenous or homogenous transplantation of a tooth from one position to another.
7150	2.7	Tooth Exposure, Surgical. Surgical exposure and/or repositioning of unerupted or impacted teeth for orthodontic reasons or to facilitate eruption. Includes application of traction devices such as wires, pins, or ligatures when indicated.
Repair Procedures. Credit one per repair, surgery, or graft/implant.		
7210	1.2	Repair Traumatic Wounds, Simple (up to 5 cm). Repair and/or suturing of simple to moderately complicated wounds of facial and/or oral soft tissues.
7211	1.8	Repair Traumatic Wounds, Simple (over 5 cm). Repair and/or suturing of simple to moderately complicated wounds of facial and/or oral soft tissues.
7212	2.6	Repair Traumatic Wounds, Complex (up to 5 cm). Complicated suturing and repair of facial and/or oral soft tissues. Reconstruction requiring management of tissues with undermining and layered closure.
7213	5.3	Repair Traumatic Wounds, Complex (over 5 cm). Complicated suturing and repair of facial and/or oral soft tissues. Reconstruction requiring management of tissues with undermining and layered closure.
7260	10.6	Cleft Palate Repair. Surgical repair of congenital facial deformity characterized by the lack of fusion of the soft and/or hard palate, either partial or complete. Includes alveolar cleft repair.
7265	7.2	Cleft Lip Repair. Surgical repair for congenital facial deformity characterized by nonfusion or malfusion of the embryonic processes that form the lips.
7270	1.9	Oral-Antral Fistula or Communication Repair. Surgical repair of an opening between the maxillary sinus and the oral cavity. Etiology may be pathologic, traumatic, or associated with exodontia.
7275	5.3	Oral-Nasal Fistula Repair. Surgical repair of an opening between the nasal cavity and the oral cavity.

Table A-8
Clinical services—oral and maxillofacial surgery (7000 to 7999)—Continued

Code	CTV	Definition or description
7280	2.4	Skin or Mucosal Graft. Use of skin or mucosal tissue for repair of traumatic or surgical defects, or for coverage in preprosthetic surgery such as vestibuloplasty or stomatoplasty. Includes obtaining autogenous tissue from donor site.
7285	17.6	Bone Graft or Osseous Implant. Use of autogenous/nonautogenous bone or cartilage or artificial substances (such as plastic, silicone, metal) for reconstructive or preprosthetic purposes. Includes obtaining autogenous tissue from donor site. Also credit such procedures as visor osteotomy and total or partial alveolar osteotomies for ridge augmentation with this code.
		Preprosthetic Surgery. Surgical contouring and alteration of soft and/or hard tissues to facilitate prosthodontic rehabilitation.
7310	0.8	Alveoloplasty with Extractions. Contouring the alveolar structures in combination with exodontia. This code implies that a prosthesis will be placed and that more than one tooth is removed. Do not use this code routinely with 7110, 7120, and 7130. Routine alveoloplasty is included in the CTV calculation for these codes. Credit one per sextant.
7320	2.7	Alveoloplasty. Contouring the alveolus, not in conjunction with extractions. Credit one per sextant.
7340	1.8	Stomatoplasty, Uncomplicated. Minor surgical repair or reconstruction of soft tissue defects of the oral cavity. Credit one per arch treated.
7350	5.3	Stomatoplasty, Complicated. Extensive surgical repair or reconstruction of soft tissue defects of the oral cavity, including ridge extension, muscle attachments, tongue, and hyperplastic ridges. Credit one per arch treated.
		Surgical Excision
7405	4.9	Major Salivary Gland Surgery. Includes sialolithotomy, closure of salivary fistula, sialodochoplasty, cannulation, and excision of major salivary glands. Credit one per surgery performed.
7412	1.1	Excision, Soft Tissue. Surgical removal of reactive or inflammatory tissues, hyperplastic scar tissue, or localized congenital lesions. Credit one per surgery performed.
7432	2.4	Excision, Benign Tumor. Surgical removal of a nonmalignant tumor (see note). Credit one per tumor removed.
7442	5.3	Excision, Malignant Tumor. Surgical removal of a malignant tumor (see note). Credit one per tumor removed.
7452	2.5	Removal of Odontogenic Cyst or Tumor. Surgical removal of a cyst or tumor arising from odontogenic embryonic tissue (see note). Credit one per cyst or tumor removed.
7462	1.2	Removal of Nonodontogenic Cyst or Tumor. Surgical removal of a cyst or tumor in the dental adjunctive tissue that does not arise from the odontogenic apparatus (see note). Credit one per cyst or tumor removed.
		<i>Note:</i> For codes 7432, 7442, 7452 and 7462. Although a diagnosis cannot necessarily be made before the tissues are analyzed, use of best clinical judgment determines which code to take. Biopsy, 7520, should be taken with these codes when accomplished.
7465	1.2	Destruction of Lesions. Destruction by physical methods, electrosurgery, chemotherapy, or cryotherapy. Credit one per lesion destroyed.
7470	1.7	Removal of Exostoses. Surgical removal of bony growth projecting past the normal contour of a bony surface. Includes torus mandibularis, torus palatinus, and other exostoses. Credit one per location.
7480	3.5	Partial Resection, Maxilla or Mandible. Partial ostectomy, saucerization, or en bloc resection of bony tissues. Credit one per resection.
7481	1.3	Sequestrectomy. Removal of devitalized portions of bone that have become separated from contiguous bone. Credit one per sextant from which bone fragments are removed.
7485	8.8	Radical Resection, Maxilla or Mandible. May be a partial removal but must be to an extent that continuity is lost with deformity and/or loss of function created. Credit one per resection.
		Surgical Incision
7511	1.1	Incision and Drainage. Surgical intervention for drainage of an abscess, cyst, or hematoma (extraoral or intraoral). Credit one per lesion treated.
7520	1.4	Biopsy. Removal of hard or soft tissues for histopathological examination and diagnosis. May be incisional or excisional. Credit one per specimen submitted.
7530	1.5	Removal of Foreign Body. Removal of asymptomatic or reaction-producing foreign body or material from skin, mucosa, subcutaneous or connective tissue, or musculoskeletal system. Credit one per foreign body removed.
7560	2.8	Maxillary Sinusotomy. Surgical incision of, or retrieval of foreign materials such as teeth or roots from, maxillary sinus in combination with repair of oral-antral fistula or in conjunction with facial fractures. Credit one per sinus operated.

Table A-8
Clinical services—oral and maxillofacial surgery (7000 to 7999)—Continued

Code	CTV	Definition or description
7570	0.3	Cricothyrotomy. Emergency incision between cricoid and thyroid cartilages for the purpose of establishing a patent airway. Credit one per procedure.
7580	2.7	Tracheostomy. Surgical formation of a tracheal opening to allow for respiratory exchange. Credit one per procedure. Treatment of Fractures. Credit one per reduction.
7610	5.2	Open Reduction, Maxilla or Mandible. The reduction and stabilization of fractures through a surgical opening to the fracture site. Includes alveolar process fractures.
7620	3.6	Closed Reduction, Maxilla or Mandible. The reduction and stabilization of fractures without making a surgical opening to the fracture site.
7651	4.7	Zygomatic Complex Fracture. The reduction and management of fracture(s) of the zygomatic (malar) complex. Includes multiple fracture(s) of the area and fracture(s) of only the zygomatic arch.
7680	10.6	Facial Bone Fractures. Multiple bone fractures requiring complicated reduction and stabilization with internal fixation and/or extraskkeletal devices and multiple open approaches.
7681	4.8	Other Fracture Reduction. Includes fractures of nasal bones, frontal bones, or orbital floor (blowout fractures). Open or closed reduction.
7685	3.6	Intermaxillary Fixation. Application of fixation devices such as arch bars, wiring, or splints in order to immobilize the mandible or maxilla. Credit one per arch.
7690	3.1	Maxillofacial Devices. Construction of arch bars, splints, stents, wafers, and other devices fabricated by clinician or laboratory. Used in conjunction with treatment of fractures and surgical defects, orthognathic surgery, preprosthetic surgery, and protection of surgical and graft sites. Credit one per device.
7695	2.0	Arch Bar Removal. Removal of arch bars, splints, stents, wafers, and other devices fabricated by clinician or laboratory. Used in conjunction with treatment of fractures and surgical defects, orthognathic surgery, preprosthetic surgery, and protection of surgical and graft sites. Credit one per device removed.
		Orthognathic Surgery. Correction of craniofacial disharmonies by the surgical repositioning of segments of the mandible or maxilla containing zero to several teeth, or the bodily repositioning of entire jaws to achieve a more acceptable function.
7711	10.6	Maxillary Osteotomy, Total. Includes Le Fort I, Le Fort II, and Le Fort III type osteotomies and may have additional segmental osteotomies within the maxilla. Approaches may be extraoral or intraoral. Credit one per surgery.
7712	7.1	Maxillary Osteotomy, Segmental. Includes anterior and posterior maxillary osteotomies, zygomatico-maxillary osteotomy, and corticotomy procedures. Credit one per surgery.
7721	8.8	Mandibular Osteotomy, Ramus. Includes extraoral and intraoral approaches. Various types of cuts may be used such as sagittal split, "'C" and "'F" cuts, and vertical osteotomy. Credit one per patient treated.
7722	7.1	Mandibular Osteotomy, Body. Includes ostectomy and segmental procedures. Credit one per patient treated.
7755	5.3	Augmentation, Contouring, Reduction. Procedures on facial skeleton to improve symmetry, contour, and function. May be separate or in conjunction with osteotomy procedures and may include use of artificial or natural substances. Included are genioplasty, augmentation implants, glossoplasty, and myotomy. Credit one per procedure performed.
		Temporomandibular Joint Dysfunction
7811	0.9	Reduction of Dislocation. Repositioning of dislocated mandibular condyle or condyles into glenoid fossa. Credit one per patient treated.
7815	1.9	Myofascial Pain Dysfunction Treatment. Includes instructions; medical, physical, and/or biofeedback therapy; exercises; and injection of medications. Credit one per patient visit.
7835	0.8	Mandibular Manipulation. Manipulation and/or use of forceful excursions of the mandible for diagnosis/treatment of temporomandibular joint dysfunction, psuedoankylosis, adhesions, and meniscus dislocation. Credit one per patient visit.
7845	8.8	Temporomandibular Joint Surgery. Includes reconstructive arthroplasty with or without alloplastic materials, eminectomy, condylectomy, condylar shave, meniscoplasty, and coronoidectomy. Credit one per joint treated.
7880	1.8	Arthrocentesis, Arthrography, Injection. Aspiration of fluid or injection of local anesthesia, medications, or radiopaque dye into the genoid fossa or joint spaces. Credit one per joint treated per visit.
		Other Surgery
7902	0.5	Osteitis Treatment. Management of painful localized inflammation of unknown etiology of tooth socket following extraction. This includes placement of medicaments. Credit one per location per patient visit.

Table A–8
Clinical services—oral and maxillofacial surgery (7000 to 7999)—Continued

Code	CTV	Definition or description
7903	0.5	Pericoronitis Treatment. The management of painful localized inflammation associated with a partially erupted or malposed tooth. Credit one per site treated.
7960	1.3	Frenectomy. Removal/excision of fibrous connective tissue covered with mucous membrane, connecting the lip, cheek, or tongue to the alveolar process. Credit one per frenectomy.

Table A–9
Clinical services—orthodontics (8000 to 8999)

Code	CTV	Definition or description
		Space Maintenance Devices. Credit one per device.
8110	1.2	Space Maintainer, Removable. Fabricated of acrylic with or without clasps for retention and may provide prosthetic replacement of one or more teeth.
8120	1.5	Space Maintainer, Simple, Fixed. Fabricated with cantilevered stop and attached to a single tooth by means of an orthodontic band, crown, or bonding material.
8121	1.8	Space Maintainer, Complex, Fixed. Includes two or more teeth banded, bonded, or crowned and connected by metal or acrylic with or without prosthetic replacement of teeth.
		Habit Breaking Device. Credit one per device.
8210	0.9	Habit Breaker, Removable. Thumb and finger sucking or tongue thrusting devices constructed of acrylic with or without retention clasps, wire loops or spurs, restraining cribs, or screens.
8212	0.9	Habit Breaker, Mouth Breathing. An oral screen or shelf that fits in the vestibule between the lips and the teeth. It can be constructed of hard or soft acrylic or rubber.
8220	1.5	Habit Breaker, Fixed. Thumb or finger sucking or tongue thrusting device constructed from two or more orthodontic bands or crowns connected by metal with any combination or design of wire loops, spurs, restraining cribs, or screens.
		Active or Interceptive Device. Credit one per device.
8310	0.9	Simple Hawley Device. Fabricated of resin usually with a labial bow, with or without clasps.
8311	1.5	Complex Hawley Device. Fabricated of resin usually with clasps and a labial bow and with additional active elements, such as springs, hooks, or lugs, attached to the labial bow or in the acrylic.
8320	1.5	Removable Expansion Device, Simple. Constructed of acrylic with or without clasps and auxiliary springs and includes one or more expansion screws.
8321	2.0	Removable Expansion Device with Biteplane. Fabricated of acrylic with biteplanes for posterior and/or anterior teeth and with one or more expansion screws. Included are bilateral expansion devices and sagittal devices.
8322	2.5	Fixed Expansion Device. Constructed of multiple orthodontic bands or crowns fixed to an expansion screw with or without acrylic.
8330	1.2	Bite Plane, Anterior or Posterior. Fabricated of acrylic with a flat shelf against which the anterior or posterior teeth can occlude. It may be removable and in contact with many teeth, with or without retention devices, or it may be fixed to an individual tooth or teeth.
8332	4.0	Functional Orthopedic Devices. A removable or fixed device constructed of acrylic and wire connectors and springs to effect both major skeletal changes and tooth movement. when in place, it produces skeletal changes and dental correction in both the maxilla and mandible simultaneously (e.g., Frankel, Bionator, Orthopedic Corrector, and Herbst).
		Other Orthodontic Devices, Adjustments, Services
8410	0.9	Banding. Individual band placement includes two distinct types of bands. The preformed band includes selection of the proper size and type; adaptation to the individual tooth with necessary modifications; welding of needed brackets, tubes, or other auxiliaries; and cementation or recementation. Band construction by the dentist includes selecting the proper band material and all steps for the preformed band. Credit one per band placed.
8420	0.5	Bonding. Includes cleaning, isolation, drying, acid etching, and bonding of brackets, tubes, buttons, cleats, or other auxiliaries to the teeth. Credit one per attachment bonded.
8440	0.6	Section Wire. A round, square, or rectangular archwire, active or passive, that includes any portion of the arch less than 1st molar to 1st molar. Credit one per sectional wire placed.

Table A-9
Clinical services—orthodontics (8000 to 8999)—Continued

Code	CTV	Definition or description
8441	0.9	Round Simple Archwire. A round, solid or multistranded wire that encompasses the dental arch from at least 1st molar to 1st molar that may include 1st order bends such as lateral insets, cuspid eminences, bicuspid offsets, and molar bayonet bands. Credit one per archwire placed.
8442	1.5	Round Complex Archwire. A round wire that encompasses the dental arch from at least 1st molar to 1st molar and incorporates any of the following: loops or soldered auxiliaries, stops, 2nd order bends, or other bends other than ideal bends. Credit one per archwire placed.
8443	1.2	Rectangular Ideal Archwire. A square or rectangular wire that encompasses the dental arch from at least 1st molar to 1st molar, which may include 1st order bends such as lateral insets, cuspid eminences, bicuspid offsets, and molar bayonets as indicated. Credit one per archwire placed.
8444	1.8	Rectangular Complex Archwire. A square or rectangular wire that encompasses the dental arch from at least 1st molar to 1st molar and incorporates one or all of the following: loops of any form, soldered auxiliaries, stops, and 2nd or 3rd order bends. Credit one per archwire placed.
8445	1.2	Passive Lingual or Palatal Wire. Fixed or removable passive wire or bar connecting opposite sides of the dental arch such as transpalatal bars or holding arches, W arch, quad helix, Arnold arch, or other simple wire expansion appliances with the wire soldered to the band on the tooth. Credit one per wire placed.
8446	1.5	Extraoral Traction Device. Device generating an extraoral orthopedic or orthodontic force to the teeth and jaws, such as face-bow, J-Hook, reverse headgear, or a chin cup. Credit one per device.
8510	1.0	Archwire Adjustment. Removal, adjustment, and replacement (include ligation) of an archwire or lingual wire. Credit one per archwire adjusted.
8511	0.5	Removable Device Adjustment. Adjustment or change of any of the wires or acrylic on a removable device. Credit one per device adjusted.
8512	0.5	Headgear Adjustment. Change of the elastic tension or altering the wire of the face-bow or other part of an extraoral device. Credit one per headgear adjusted.
8513	0.3	Ligation Adjustment. Replacement of ligature wires or elastic ligation without removal of archwire. Credit one per arch treated.
8514	0.7	Fixed Device Adjustment. Adjustment of fixed orthodontic device, e.g., lingual or palatal wires, W arch, expansion device with screws, etc. Credit one per device.
8520	0.3	Addition of Auxiliaries. Placement of any additional devices on an orthodontic device such as uprighting springs, rotating springs, torquing auxiliaries, open and closed coil springs, hooks, and stops. Credit one per auxiliary fitted.
8521	0.1	Separators. Metal, plastic, or rubber separators that are placed in the interproximal areas to create space for placement of bands. Credit one per separator.
8530	0.3	Band and Bonded Attachment Removal. Removal of band or bonded attachment and scaling and pumicing of tooth. Credit one per band or attachment removed.
8540	1.1	Positioner Insertion. Initial placement of positioner and adjustment of any clasps or overextenders. Credit one per device inserted.
8552	1.1	Device Repairs. Clinical repair of any orthodontic appliance, removable or fixed. Credit one per device repaired.
8553	1.5	Craniofacial Analysis. Any cephalometric analysis with model analysis used for diagnostic purposes. Credit one per analysis performed.
8554	1.5	Orthodontic/Orthognathic Diagnostic Setup. Sectioning of mounted or unmounted dental casts and repositioning and fixing of the segments in improved positions for diagnostic and treatment planning purposes. Credit one per arch setup.

Table A-10
Clinical services—adjunctive general services (9000 to 9999)

Code	CTV	Definition or description
Anesthesia		
9211	1.0	Local Anesthesia. Use of local anesthetic agents via block or infiltration injections. credit one per patient visit.

Table A-10
Clinical services—adjunctive general services (9000 to 9999)—Continued

Code	CTV	Definition or description
9220	1.6	General Anesthesia. A controlled state of unconsciousness accompanied by partial or complete loss of protective reflexes, including inability to maintain an airway independently and respond purposefully to physical stimulation or verbal command, produced by appropriate anesthetic agents administered by inhalation, intravenous, or intramuscular routes. Credit one per patient anesthetized.
9231	1.2	Intravenous Sedation or Analgesia. A depressed level of consciousness that retains the patient's ability to independently and continuously maintain an airway and respond appropriately to physical stimulation or verbal command, produced by appropriate pharmacologic agents introduced via intravenous routes. Credit one per patient sedated.
9232	0.6	Intramuscular Sedation or Analgesia. Introduction of agents via muscular route to produce a state of sedation with purposeful response to physical stimulation or verbal command. Credit one per patient sedated.
9233	0.8	Inhalation Sedation or Analgesia. Inhalation of a gas or vapor to produce a state of sedation with purposeful response to physical stimulation or verbal command. Credit one per patient sedated.
9234	0.3	Oral Sedation or Analgesia. Introduction of agents via oral route to produce a state of sedation with purposeful response to physical stimulation or verbal command. Administered by clinician with instructions to patient. Credit one per patient sedated.
9235	0.9	Hypnosis. The use of formal hypnotic techniques or procedures to produce analgesia/anesthesia or when indicated for dental patient management. Credit one per patient hypnotized.
Drugs		
9610	0.5	Therapeutic Medication by Injection. The injection of agents for therapeutic benefits. Including, but not limited to, antibiotics, corticosteroids, sclerosing agents, and alcohol nerve blocks. Credit one per injection.
9630	0.6	Other Therapeutic Medication. The application of medications or agents to soft tissue or bone as the sole or primary treatment modality to achieve a therapeutic effect. Credit one per patient visit.
9631	0.3	Prescription. Credit one per pharmacy item prescribed.
9710	0.3	Hospital Ward Rounds. Evaluations and examinations of hospitalized patients to determine current conditions, write orders, and give instructions. Credit one per patient.
9715	0.6	Grand Rounds. Credit one per examiner per patient seen.
9720	5.3	Hospital Admissions. Encompasses completion of history, physical examination, and other procedures and records necessary for hospitalization of a patient. Long or short form admission included. Credit one per patient admitted.
Miscellaneous Services		
9918	0.5	Postoperative Treatment. Treatment provided subsequent to actual treatment rendered. Included are the following: removal of sutures and maxillofacial devices, adjustment of occlusion involving premature restoration contact, adjustment of dentures, changes of packs and dressings, postsurgical evaluation and irrigation, or tissue posttreatment not credited elsewhere. Credit one per patient visit.
9923	0.8	Impression for Dental Cast. A negative likeness of the surfaces of the oral cavity from which a dental cast is fabricated. Credit one per impression made.
9924	4.1	Jaw Relation Records. The recording of the relationship of the maxilla to the mandible by use of face-bow transfers and interocclusal recordings. Credit one per complete jaw relation record.
9925	9.7	Mandibular Recording (Three-Dimensional). The recording of mandibular movements in three dimensions, the subsequent mounting of casts, and the programming of a fully adjustable articulator. Credit one per complete recording and programming.
9926	0.7	Laboratory Procedures, Adjunctive Medical. The request for clinical laboratory data such as complete blood count, urinalysis, cultures, and sensitivities used to aid in the diagnosis and treatment of patients. Credit one per patient visit.
9940	0.9	Mouth Protectors/Fluoride Carriers. A device constructed of acrylic resin or vinyl-like material to protect hard and soft tissues of the mouth or for applying topical fluoride. Credit one per device.
9943	2.6	Radiation Shield. A device designed and constructed specifically for protection of tissues from radiation therapy. Do not use this code for use of a lead apron when radiographs are taken. Credit one per device.
9944	7.1	Radiation Needle Carrier. A device designed and constructed specifically for the placement of radiation needles to be used in radiation therapy. Credit one per device.
9971	10.6	Hyperbaric Monitoring. Functions relating to patient oriented hyperbaric chamber activities. Credit one per patient monitored.

Table A-10
Clinical services—adjunctive general services (9000 to 9999)—Continued

Code	CTV	Definition or description
9972	0.8	Patient Handling Time, Diagnostic and Preventive. Time needed to receive and prepare patient, reassemble record, dismiss patient, and cleanup DTR. Credit one per appointment where only diagnostic and/or preventive services (codes 0120 through 1360) are accomplished.
9973	1.1	Patient Handling Time, All Other Clinical Services. Time needed to receive and prepare patient, reassemble record, dismiss patient, and cleanup DTR. Credit one per appointment where any clinical service with a code of 2000 or greater is accomplished.
9974	3.0	Patient Handling Time, High Risk (Infectious). Time needed to receive and prepare high risk (infectious) patient, reassemble record, dismiss patient, and perform required infection control procedures. Credit one per appointment where any clinical service is accomplished.

Table A-11
Laboratory services—general procedures (0001 to 0014)

Code	CLV	Definition or description
0001	2.0	Pour Cast, Preliminary, Master, Opposing, or Remount. Credit one for each cast poured. The fabrication of a positive reproduction of the forms of the hard and soft tissues of the jaws by pouring a material, gypsum or a low fusing metal, into an impression made in a dental treatment room. This includes the steps of preparing the surface of the impression, pouring the material into the mold, adding a base, and recovering and trimming the cast to the proper dimensions.
0002	4.0	Pour Cast, Fixed. Credit one for each cast poured. That series of steps including washing the impression, placing dowel pins, pouring a suitable material into the impression, trimming the cast, and sectioning and trimming the dies. This includes the use of Di-Lok or Pindex type systems.
0003	5.0	Box and Pour. Credit one for each cast poured. The fabrication of a positive reproduction of the form of the hard and soft tissues of the jaws by pouring a material, usually gypsum, into an impression made in a dental treatment room. Includes the steps of boxing (surrounding the impression with a limiting wall to control accurately the cast size and outline), preparing the surface of the impression, pouring the material into the mold, and recovering and trimming the cast.
0004	4.0	Impression Tray, Custom. Credit one for each tray. The fabrication of an individual receptacle, designed for a specific patient, which is prepared from a primary cast of the upper and lower jaw. The tray is to be used to carry, confine, and control an impression material while making a secondary, master, or final impression whether fixed, removable, or complete. This includes altered cast trays regardless of the number of edentulous areas involved.
0005	5.0	Pour Altered Cast. Credit for one each edentulous area poured. Includes the steps of repositioning a removable partial denture framework, with an impression attached, back into the altered master cast; boxing the assembly; pouring a gypsum material into the impression to recreate the edentulous ridge areas; and, trimming the cast to proper size and shape.
0006	1.0	Articulation, Simple, Fixed or Removable. Credit one for each cast placed on a plane line or simple hinge articulator. The attachment of a diagnostic or master cast to a simple hinged instrument that has no adjustable parts. Includes the steps of positioning the casts using a centric record or other markings as a guide for cast relationship and using a gypsum material as the attaching medium. Includes the use of plasterless articulators.
0007	2.0	Articulation, Semiadjustable, Fixed or Removable. Credit one for each cast articulated. The attachment of a maxillary and/or mandibular cast to an articulator (e.g., Hanau H2, 158, or Whip Mix), capable of being adjusted for lateral and protrusive movements to simulate more closely a patient's recorded jaw movements. Includes the steps of positioning the casts, using a mounting jig, a face-bow record, and centric relation records; using a gypsum material as the attaching medium. Credit clinical line item 9924 for setting the articulator.
0008	2.0	Articulation, Fully Adjustable, Fixed or Removable. Credit one for each cast articulated. The attachment of a maxillary or mandibular cast to a fully adjustable articulator (such as, Denar or Stewart) with a gypsum material as the attaching medium and using a pantographic face-bow and centric relation records. Credit clinical line item 9925 for programming instrument.
0009	4.0	Soldering Procedures, Fixed or Removable. Credit all soldering operations here, even those for new cases, one per joint or repair. If a joint is not made by soldering (such as a fixed partial denture framework cast as one unit), no credit will be taken. That series of steps necessary for the joining of two metal parts by the direct fusion of the two parts or through the use of an intermediary material (solder) that joins and adheres to the surfaces of the metals being joined. This soldering procedure may also be used to repair a defect in a crown, a fixed partial denture, or a removable partial denture framework. It includes the steps of approximating the two pieces, surrounding them with investment material (if necessary), affecting the joint, recovering the joined parts, and finishing as necessary. Credit twice for postsoldering of ceramometal restoration.

Table A-11
Laboratory services—general procedures (0001 to 0014)—Continued

Code	CLV	Definition or description
0010	5.0	Acrylic Resin Repairs and Modifications. Credit one for each repair. If the prosthesis requires multiple repairs, credit one per each area required. All steps, including making a cast or matrix, necessary to provide a structural modification made on any removable prosthesis to restore it to a serviceable condition. Includes addition of teeth, fracture repairs, correcting distortions, excessive wear, or other damage. Credit repairs that require soldering using item 0009.
0011	2.0	Repolishing. Credit one for each prosthesis repolished. This includes the laboratory procedure involved in reestablishing an acceptable finish to all fixed and removable prostheses after intraoral adjustment.

Table A-12
Laboratory services—fixed partial dentures (0015 to 0035)

Code	CLV	Definition or description
0015	40.0	Fully Fabricated Fixed Partial Denture, Porcelain or Acrylic Resin Veneer. Credit one for each unit of the prosthesis. That series of operations, including waxing, spruing, investing, casting, preparing the metal, applying the veneer, contouring, and polishing, that leads to a laboratory completed fixed partial denture constructed with veneers of porcelain or acrylic resin applied to a substructure of any metal. The fixed partial denture may be of any combination of retainers and pontics. Not all units of the prosthesis need be veneered with porcelain or acrylic resin. The pontics may be the prefabricated type, such as, Tru-pontic, Steele's facing, or Harmony, etc. When characterization and final glazing are done, items 0032 and 0033 should also be credited. Do not credit items 0016 and 0017 additionally. This item includes all bar type fixed partial dentures (Dolder bar, etc.), except the Andrews type. Credit the bar portion as a single pontic.
0016	22.0	Casting Only, Fixed Partial Denture, Porcelain or Acrylic Resin Veneer. Credit one for each unit of the prosthesis. That series of operations, including waxing, investing, casting, and partial preparing of any metal for a veneer, leading to the fabrication of the cast metal framework of a fixed partial denture that will receive a veneer following a clinical try-in. Not to be credited in addition to item 0015.
0017	18.0	Veneer Only, Fixed Partial Denture, Porcelain or Acrylic Resin Veneer. Credit one for each unit. The application of a veneer of porcelain or acrylic resin to a metal substructure following a clinical try-in. This shall include the steps of metal preparation, opaquin, porcelain or acrylic resin application, contouring, and final polishing. When characterization and final glazing are done, items 0032 and 0033 should also be credited. Do not use in addition to item 0015.
0018	30.0	Fully Fabricated Fixed Partial Denture, All Metal, Unveneered. Credit one for each unit of the prosthesis. That series of operations, including waxing, investing, casting, and polishing, leading to a laboratory completed fixed partial denture constructed of any metal and not to be veneered. Include all bar attachment fixed partial dentures (Dolder bar, etc.), except the Andrews type. Credit the bar portion as a single pontic.
0019	41.0	Fully Fabricated Crown, Porcelain or Acrylic Resin Veneer. Credit one for each crown. That series of operations, including waxing, investing, casting, preparing any metal for a veneer, opaquin, applying a veneer of porcelain or acrylic resin, contouring, and polishing, leading to a laboratory completed crown. Use this item to credit one piece veneered dowel crowns (Richmond-type) and single veneered crowns that are splinted together and are not part of a fixed partial denture. Items 0032 and 0033 may be used in addition to this item.
0020	23.0	Casting Only, Crown, Porcelain or Acrylic Resin Veneer. Credit one for each crown. That series of operations, including waxing, investing, casting, and partial preparing of a metal for a veneer, leading to the fabrication of the cast metal framework of a crown that will receive a veneer of porcelain or acrylic resin following a clinical try-in. Not to be credited in addition to item 0019.
0021	18.0	Veneer Only, Crown, Porcelain or Acrylic Resin Veneer. Credit one for each crown. That series of operations, including metal preparation, opaquin, porcelain or acrylic resin application, contouring and polishing, that leads to the completed crown. May be used in addition to items 0032 and 0033. Do not use in addition to item 0019.
0022	31.0	Fully Fabricated Crown, All Metal, Unveneered. Credit one for each crown. That series of operations, including waxing, investing, casting, and polishing, that lead to a crown constructed of any metal that is not to be veneered. This item to be used also for single, unveneered crowns that are joined or splinted together and are not part of a fixed partial denture. This item includes all single unit restorations that restore the entire occlusal or incisal surface (that is, $\frac{3}{4}$, $\frac{7}{8}$, onlays, etc.).
0023	12.0	Inlays, Metal or Porcelain. Credit one for each inlay. That series of operations, including waxing, investing, casting, and finishing, necessary to fabricate any inlay. Porcelain inlays may also use items 0032 and 0033, when applicable.
0024	25.0	Porcelain or Acrylic Resin Jacket Crown. Credit one for each crown. That series of operations necessary to fabricate a standard porcelain jacket crown, a single or twin foil-type porcelain crown, or a flasked and heat-cured acrylic resin crown. Porcelain jacket crowns may also receive additional credit using items 0032 and 0033, when applicable.

Table A-12
Laboratory services—fixed partial dentures (0015 to 0035)—Continued

Code	CLV	Definition or description
0025	12.0	Cast Post, Dowel and Core. Credit one for each canal filled separately, that is, if a one piece casting fills three canals, count as one; if it requires three separate castings, count as three. That series of operations, including waxing, investing, casting, and finishing, necessary to fabricate a metal casting for a nonvital tooth. The casting is designed to extend into a prepared canal within a tooth root and has a supragingival projection that will serve to support an artificial crown or overdenture.
0026	2.0	Casting Only. Credit one for each ring full of patterns cast. This item is to be used when just the casting procedure is completed by one laboratory and all other steps, including investing and polishing, are accomplished at another facility. If a pattern has to be invested and cast, count twice. This item is intended to include prefabricated dowels, periodontal knife holders, tray handles, Duralay patterns, etc.
0027	2.0	Surveyed Crown. Credit one for each crown or unit of a fixed partial denture surveyed. This item is intended to provide additional credit for those units that require the mounting of casts on a survey table in order to parallel surfaces for guide planes. It will also be used when retentive areas, rest areas, and special rest receptacles for precision type removable partial dentures are fabricated into the surface of a crown. Do not credit this item more than once for the same crown.
0028	5.0	Precision Connector or Stress Breaker, Fixed Partial Denture. Credit one for each two-part precision attachment. This item is intended to provide additional credit for those extra steps that are necessary to construct male-female type precision connectors that form integral parts of a fixed partial denture. Credit this procedure in addition to the regular value of the basic fixed partial denture.
0029	220.0	Andrews Bridge. Credit one for entire restoration, including the retainers. That series of steps, including waxing, investing, casting, veneering, and fabricating the removable acrylic resin portion, leading to the complete fabrication of both the fixed and removable elements of the prosthesis. Soldering procedures should be credited using item 0009.
0030	2.0	Template, Provisional Fixed Partial Denture or Crown. Credit one for each template. That series of operations, including the heating, molding, and trimming, necessary to fabricate clear vinyl or tinfoil and wax-type templates for use in fabricating provisional fixed partial dentures and crowns.
0031	3.0	Provisional Fixed Partial Denture or Crown. Credit one for each unit. This item includes all steps necessary to fabricate a provisional fixed partial denture or crown in the laboratory. It may be made from heat cured or autopolymerizing acrylic resin. If a template is used, also credit item 0030.
0032	2.0	Characterized Veneer or Special Staining. Credit one for each unit. This item is intended to provide extra credit whenever special staining or characterization is necessary for porcelain or acrylic resin veneers. It may be used when any stain or modifier is applied, either internal or external. It is usually in response to a clinician's specific instructions as depicted on the prescription form. Can be credited in addition to items 0015, 0017, 0019, 0021, 0023, and 0024. This item does not include glazing.
0033	2.0	Glazing. Credit one for each crown, splint, or fixed partial denture glazed. The operation of firing porcelain to obtain the final desired maturation. This can include the use of special glazing materials. This item may be credited in addition to items 0015, 0017, 0019, 0021, 0023, 0024 and 0032.

Table A-13
Laboratory services—removable partial dentures (0036 to 0055)

Code	CLV	Definition or description
0036	6.0	Record Base and Occlusion Rim, Partially Edentulous Casts. Credit one for each arch. Includes the steps of forming a stabilized record base and forming an occlusion rim that will be used to make jaw relation records. These steps may include the attachment of a record base of acrylic resin, shellac, or wax to a cast metal framework for the same purpose.
0037	2.0	Occlusal Relation Orientation Indexes. Credit one for each set of casts. Includes all steps necessary for the laboratory fabrication of indexes on the sides of casts to preserve and reorient occlusal relationships.
0038	12.0	Setup, Removable Partial Denture. Credit one for each arch. The arrangement of teeth and final waxing on the trial denture base.
0039	12.0	Processing of Bases, Removable Partial Dentures. Credit one for each denture. That series of operations, including flasking, finishing, and polishing, necessary to convert the denture base wax pattern into a solid acrylic resin denture base.
0040	7.0	Remount and Equilibration of Processed Dentures. Credit one for each denture. This includes those steps of reattaching the processed denture to the articulator and the selective grinding of the occlusal contacts to establish harmony. May be credited for both laboratory and clinical remounts.

Table A-13
Laboratory services—removable partial dentures (0036 to 0055)—Continued

Code	CLV	Definition or description
0041	8.0	Process Only, Removable Partial Denture or Complete Denture. Credit one for each denture only when the steps of boil-out, packing, and curing are accomplished. This item used only when flasking, deflasking, finishing, and polishing will be done at another facility.
0042	87.0	Fully Fabricated Removable Partial Denture. Credit one for each denture. This includes the steps of casting a framework, arrangement of teeth on bases, waxing, processing, finishing, and polishing. Do not credit items 0038, 0039, 0041, and 0045 with this procedure.
0043	18.0	Transitional Removable Partial Denture. Credit one for each denture. A completed prosthesis, usually fabricated entirely of acrylic resin, either heat cured or autopolymerized, which restores one or more but not all of the natural teeth and/or associated structures in either arch. If it includes wrought metal clasps for retention, use with 0044. Not to be used in conjunction with items 0038, 0039, and 0041.
0044	2.0	Wrought Clasps. Credit one for each clasp fabricated. Includes that series of steps of adapting, attaching, finishing, and polishing wire clasps. Credit soldering of these clasps to a removable partial denture framework with item 0009.
0045	55.0	Castings Only, Removable Partial Denture, Surgical Splints, Arch Bars, and Metal Palates. Credit one for each casting. That series of steps including design, blockout, duplication for refractory and fitting casts, finishing, and polishing, necessary for the fabrication of the metal framework.
0046	3.0	Positioning, Acrylic Resin Pontic or Tube Tooth. Credit one for each tooth positioned. The arrangement and fitting of acrylic resin denture teeth or facings to an edentulous area. This includes the steps of tooth selection, arranging, grinding-in, and matrix formation. For attachment to the denture credit item 0047.
0047	4.0	Reinforced Acrylic Resin Pontic (RAP)/Tube Tooth, Attaching and Processing. Credit one for each denture. The permanent attachment of either RAP's or tube teeth to the removable partial denture framework: Can be used in addition to item 0039.
0048	5.0	Precision Attachment, Removable Partial Denture. Credit one for each attachment. Credit in addition with item 0045. The inclusion in a removable partial denture of the specialized retainer consisting of a metal female receptacle and closely fitting male counterpart. The metal female receptacle is usually contained within the normal or expanded contours of a retainer on an abutment tooth and the male counterpart is attached to the denture framework. Credit for the receptacle of the abutment tooth would have been previously taken using item 0027.
0049	60.0	Specialized Hinged Retainer, Removable Partial Denture. Credit one for each hinged assembly. Credit in addition to item 0045. The fabrication of a cast metal removable partial denture framework as in item 0045 with the inclusion of a specialized retainer (Swinglock, Oddo Hinge, or Hidden Latch) consisting of a swinging (hinged) retentive gate attachment with frictional locking device.
0050	25.0	Stress Breaker, Removable Partial Denture. Credit one for each attachment. Credit in addition to item 0045. The fabrication of a cast metal removable partial denture framework as in item 0045 with the inclusion of a device within the framework to relieve the abutment teeth of all or part of the occlusal forces. Includes the use of prefabricated custom units.
0051	20.0	Bar Clip, Removable Denture. Credit one for each clip assembly. Credit in addition to item 0045. This item is intended to provide additional credit for the inclusion of a metal clip inside the denture base that will engage a cylindrical rod that connects two abutment crowns. Credit for fabrication of the abutment crowns and the cylindrical rod should be taken under item 0015 or 0018.
0052	15.0	Reline, Complete or Removable Partial Denture. Credit one for each denture. Includes the steps of pouring a cast, attaching to a jig (if used), rewaxing, flasking, packing, curing, deflasking, and polishing necessary for resurfacing of the tissue surface of the denture base. Credit is taken whether autopolymerizing or heat curing acrylic resin is used.
0053	20.0	Rebase, Complete or Removable Partial Denture. Credit one for each denture. Includes the steps of pouring the cast, mounting on an articulator or reline jig, rewaxing, flasking, boiling out, packing, curing, recovering, finishing, and polishing FOR THE ENTIRE REPLACEMENT of the denture base. Credit will be taken here whether acrylic resin technique used is autopolymerization or heat curing. Do not use in conjunction with item 0061.

Table A-14
Laboratory services—complete dentures (0056 to 0065)

Code	CLV	Definition or description
0056	5.0	Record Base and Occlusion Rim, Complete Denture. Credit one of each arch. Includes the steps of forming a stabilized record base of shellac, autopolymerizing acrylic resin, vacuum molded material, or wax;and, forming an occlusion rim that will be used to make jaw relation records and for arranging teeth.
0057	18.0	Setup, Complete Denture. Credit one for each arch. The steps of selecting and arranging artificial teeth in wax on a trial denture base to verify the correct centric jaw relation, vertical dimension of occlusion, esthetics, and phonetics before final wax up and processing.

Table A-14
Laboratory services—complete dentures (0056 to 0065)—Continued

Code	CLV	Definition or description
0058	3.0	Final Wax Up, Complete Denture. Credit one for each arch. Includes the steps of final festooning, stippling of wax, contouring, and sealing to master cast.
0059	3.0	Characterized Denture Base, Complete or Removable. Credit one for each denture characterized. Included under this item will be any modification of base resin color (such as Kaylon stains). Does not include routine stippling, festooning, or rugae.
0060	8.0	Process Only, Complete Denture. Credit one for each denture. That series of operations, including flasking, boiling out, packing or pouring, curing, and deflasking, necessary to convert the denture base wax pattern into a solid acrylic resin denture base.
0061	8.0	Finish and Polish, Complete Denture. Credit one for denture. Includes recovering from cast, smoothing, finishing, and polishing. Credit for remount procedures in item 0040.
0062	37.0	Fully Fabricated Complete Denture. Credit one for each fully fabricated denture. This item includes the steps of setup, wax up, processing, finishing, and polishing. Do not count items 0057, 0058, 0060, or 0061 with this item. If accomplished, items 0040 and 0059 may be counted with this item.
0063	20.0	Duplicate or Transitional, Complete Denture. Credit one for each denture. Includes the steps of making a duplication mold, introducing the acrylic resin into the mold, recovering, finishing, and polishing necessary to fabricate a duplicate or transitional denture. If special characterization of the denture is accomplished, item 0059 may be counted with this item.

Table A-15
Laboratory services—orthodontics (0066 to 0079)

Code	CLV	Definition or description
0066	8.0	Orthodontic Study Models. Credit one for each model. Do not use in addition with item 0001. Includes all steps of pouring a gypsum material into an impression, adding an additional base, and trimming with the aid of a wax bite wafer to a set of precise rules as designated by the American Association of Orthodontists. These casts have the patient's name inscribed and are usually polished. They provide a permanent record of the patient's teeth, arches, and jaw relation.
0067	20.0	Diagnostic Setup or Wax Up. Credit one for each cast on which repositioning is accomplished. Do not credit in addition to item 0068. Includes the steps of waxing or modifying a stone cast and repositioning the sections or teeth in order to preview the possible or planned result of orthodontic, surgical, or prosthodontic treatment. This item includes the duplication of the original and modified casts.
0068	40.0	Orthodontic Tooth Positioner. Credit one for each positioner. This item includes the steps of sectioning a stone cast, repositioning segments to a desired arrangement, duplicating the cast, applying the elastic materials, processing the elastic materials, recovering, finishing, and polishing the positioner.
0069	15.0	Hawley Appliance, Simple. Credit one for each appliance. The construction of an appliance of acrylic resin and stainless steel wire labial bow that can be made with or without retentive clasps. Includes the steps of designing the appliance, forming and positioning any wires (except clasp wires), applying autopolymerizing acrylic resin, recovering, and polishing. If retentive clasps are used, credit with item 0044. If additional attachments are used, credit with item 0071.
0070	15.0	Removable Orthodontic Expansion Appliance. Credit one for each appliance. The construction of an acrylic resin expansion device that may be made with or without retentive clasps. Includes all the steps of designing the appliance, positioning the expansion device, applying the autopolymerizing acrylic resin, recovering, and polishing. If retentive clasps are used, credit with item 0044. If modification attachments are used, credit with item 0071 as appropriate.
0071	2.0	Modification Attachments for Hawley and Expansion Appliances. Credit one for each attachment. Includes rests, finger springs, hooks, loops, uprighting springs, "W" springs, cuspid retracting springs, or any other auxiliaries that are attached to the basic appliances of items 0069 and 0070. Also includes all necessary soldering. Do not credit item 0009.
0072	18.0	Soldered Appliance, Simple, Fixed. Credit one for each basic appliance such as lingual arch, palatal arch, or unilateral and bilateral space maintainers.
0073	24.0	Soldered Appliance, Complex, Fixed. Credit one for each appliance. Consists of a basic fixed appliance with additions of attachments, such as expansion screws, coffin springs, expansion arches, Crozat, Arnold expanders, or quad helix expansion arches. Do not use in conjunction with item 0072.
0074	20.0	Basic Orthopedic Appliance. Includes appliances, such as inclined planes, bit planes, Sved appliances, hard occlusal night-guards, and chin cups, that are usually fabricated with autopolymerizing acrylic resin. They are used to guide the teeth or jaws into a predetermined position or relation. Oral surgeons, orthodontists, periodontists, and prosthodontists will usually prescribe this type of appliance. If it requires the use of a heat cured acrylic resin, use item 0041 for additional credit. If wire or ball clasps are used, credit with item 0044.

Table A-15
Laboratory services—orthodontics (0066 to 0079)—Continued

Code	CLV	Definition or description
0075	31.0	Functional Orthopedic Appliances. Credit one for each appliance. Includes such appliances as the Frankel or Bimler Activator, etc. They are designed to effect skeletal changes, modifications in arch width, and jaw repositioning. They are usually fabricated of heat cured acrylic resin bases with stainless steel wire labial bows, clasps, springs, expansion screws, etc., and attach both jaws. Requires either pouring a plaster index or mounting in an articulator to orient casts to the required vertical and horizontal relationships. Also includes all other steps of making this appliance. If the appliance is heat cured, credit with item 0041.

Table A-16
Laboratory services—maxillofacial prostheses (0080 to 0092)

Code	CLV	Definition or description
0080	8.0	Cast, Maxillofacial, Complex or Sectional. Credit one for each cast assembly. This item includes those complex and sectional casts that are normally associated with maxillofacial procedures, such as facial moulages, occulo-facial prostheses, aural prostheses, etc. For more routine casts, use item 0001 and 0003 as appropriate.
0081	30.0	Sculpture of Prosthesis, Maxillofacial. Credit one for each major defect restored in the prosthesis. A malar prosthesis would be one prosthesis; a combination malar, orbital socket, and nose would be one prosthesis with three major anatomical defects restored, therefore, even though they are joined, the restoration would receive three units of credit. Includes preparing the master cast for wax or clay application and sculpture with final detail ready for mold production.
0082	10.0	Fabrication of Stone Mold, Maxillofacial. Credit one for each unit. If mold is poured in one piece, credit one. If mold is poured in sections for future assembly, credit one for each section poured.
0083	15.0	Fabrication of Metal Mold, Maxillofacial. Credit one for each unit of the assembly in the same manner as item 0082. If an indirect technique is used to fabricate the metal molds, take credit for all casts involved using items 0001, 0003, or 0080 as appropriate.
0084	20.0	Processing Prosthesis, Extraoral. Credit one for each major defect restored. Includes mold preparation, flasking, curing, and all finishing and tinting procedures. If more than one processing is involved per prosthesis, credit each processing procedure.
0085	80.0	Casting, Complex Metal, Maxillofacial. Credit one for each unit or segment made separately. This item includes those metal castings that are exclusively associated with maxillofacial treatment. For routine castings, such as surgical splints, cast arch bars, and obturator frameworks, use item 0045 for credit.
0086	22.0	Processing, Acrylic Resin Complex, Maxillofacial. Credit one for each restoration. Includes only those procedures that are unique to maxillofacial. Includes flasking, packing, curing, deflasking, and finishing. For routine processing procedures, credit with item 0039 or 0060 as appropriate.
0087	15.0	Radiation Carriers, Shields, and Docking Devices. Credit one for each device. This includes all steps necessary to fabricate radiation augmentation devices, such as waxing, processing, and swaging metal.
0088	20.0	Oral Orthotic Devices. Credit one for each device. This includes all steps required for the fabrication of devices such as mouth stick appliances for quadriplegics, etc.
0089	80.0	Custom Ocular Prosthesis. Credit one for each prosthesis. This includes all steps necessary to complete the prosthesis, such as painting the iris and characterizing the sclera.

Table A-17
Laboratory services—miscellaneous (0093 to 0099)

Code	CLV	Definition or description
0093	4.0	Mouthguard, Flexible, Athletic or Fluoride Carrier. Credit one for each device. Includes all steps of adapting to the casts, trimming, and polishing.
0094	15.0	Acrylic Resin Model, Demonstration, Education. Credit one for each model. An individually made acrylic resin model designed to illustrate specific dental or medical conditions before or after treatment. Usually fabricated of thermoplastic or autopolymerizing acrylic resin. Includes all steps such as pouring, trimming, and polishing.
0095	1.0	Special Projects. Includes the fabrication of special purpose appliances and training aids, which do not fit into any of the other preceding numbered categories. The value of each such special project will be credited with one Composite Laboratory Value (CLV) for each six minutes of actual, hands-on fabrication time. If a project takes 1 hour, credit 10 CLVs.

Table A-17
Laboratory services—miscellaneous (0093 to 0099)—Continued

Code	CLV	Definition or description
0096	1.0	Issue Prosthodontic Teeth. Credit one per prosthodontic prescription transaction. Upon request by a dental officer or dentists via a prosthodontic prescription form, the appropriate 1x6's or 1x8's are forwarded to the requestor. This is intended to credit a transaction that includes time and dollar expenditure without any further credit being made available to the laboratory or dental clinic which supplies the teeth.

Table A-18
Laboratory services—remakes (08XX to 09XX)

Code	CLV	Definition or description
08XX	0.0	This item shall be used to account for any remake caused by other than a laboratory failure, such as lost in transit, broken in transit, clinical error, etc. When reporting this remake, substitute the last two digits of the appropriate laboratory code in place of the XX. A remake of item 0045 due to framework that fits the cast but not the mouth would be reported as 0845.
09XX	0.0	This item shall be used to account for any remake due to quality control rejection or other fabrication problem within the laboratory. When reporting this remake, substitute the laboratory code in place of the XX. A remake of item 0045 due to a miscast would be reported as 0945.

DENTAL SERVICES REPORT												
DENTAL PROCEDURE REPORT FOR 1ST QTR FY 83												
7TH MEDICAL COMMAND, APO NEW YORK 09102												
RCS MED-376(R1)												
COMMAND SUMMARY												
ARMY	NAVY/ MARINE	AIR FORCE	TOTAL MILITARY	MILITARY WEIGHTED	DEPEN- DENTS	DEPENDENT WEIGHTED	RETIRED	RETIRED WEIGHTED	ALL OTHER	ALL OTHER WEIGHTED	ALL	ALL WEIGHTED
I. DIAGNOSTIC (00100-00999)												
00120	ORAL EXAM (ANNUAL OR PERIODIC)											
0000	0000	000	0000	000.0	0000	000.0	00	00.0	00	0	0000	0000.0
00130	OTHER EXAMINATION											
0000	0000	000	0000	000.0	0000	000.0	00	00.0	00	0	0000	0000.0
00133	SCREENING EXAMINATION											
0000	0000	000	0000	000.0	0000	000.0	00	00.0	00	0	0000	0000.0
00140	COMPREHENSIVE EXAMINATION											
0000	0000	000	0000	000.0	0000	000.0	00	00.0	00	0	0000	0000.0
00141	POST MORTEM EXAMINATION FOR IDENTIFICATION											
0000	0000	000	0000	000.0	0000	000.0	00	00.0	00	0	0000	0000.0
00150	DENTAL CONSULTATION											
0000	0000	000	0000	000.0	0000	000.0	00	00.0	00	0	0000	0000.0
00160	BLOOD PRESSURE RECORDING											
0000	0000	000	0000	000.0	0000	000.0	00	00.0	00	0	0000	0000.0
00210	INTRAORAL SERIES											
0000	0000	000	0000	000.0	0000	000.0	00	00.0	00	0	0000	0000.0

Figure 2-1. Sample Dental Procedures Report

DENTAL SERVICES REPORT												
CLINIC LABORATORY PRODUCTION REPORT FOR 1ST QTR FY 83												
7TH MEDICAL COMMAND, APO NEW YORK 09102												
RCS MED-376(R1)												
COMMAND SUMMARY												
ARMY	NAVY/ MARINE	AIR FORCE	TOTAL MILITARY	MILITARY WEIGHTED	DEPEN- DENTS	DEPENDENT WEIGHTED	RETIRED	RETIRED WEIGHTED	ALL OTHER	ALL OTHER WEIGHTED	ALL	ALL WEIGHTED

I. GENERAL PROCEDURES

00001	POUR CAST, PRELIMINARY, MASTER, OPPOSING OR REMOUNT											
0000	0000	000	0000	000.0	0000	000.0	00	00.0	00	0	0000	0000.0
00002	POUR CAST, FIXED											
0000	0000	000	0000	000.0	0000	000.0	00	00.0	00	0	0000	0000.0
00003	BOX AND POUR											
0000	0000	000	0000	000.0	0000	000.0	00	00.0	00	0	0000	0000.0
00004	IMPRESSION TRAY, CUSTOM											
0000	0000	000	0000	000.0	0000	000.0	00	00.0	00	0	0000	0000.0
00005	POUR ALTERED CAST											
0000	0000	000	0000	000.0	0000	000.0	00	00.0	00	0	0000	0000.0
00006	ARTICULATION, SIMPLE ADJUSTABLE, FIXED OR REMOVABLE											
0000	0000	000	0000	000.0	0000	000.0	00	00.0	00	0	0000	0000.0
00007	ARTICULATION, SEMI ADJUSTABLE, FIXED OR REMOVABLE											
0000	0000	000	0000	000.0	0000	000.0	00	00.0	00	0	0000	0000.0
00008	ARTICULATION, FULLY ADJUSTABLE, FIXED OR REMOVABLE											
0000	0000	000	0000	000.0	0000	000.0	00	00.0	00	0	0000	0000.0

Figure 2-2. Sample Clinic Laboratory Procedures Report

DENTAL SERVICE REPORT							
DENTAL SUPPLEMENTAL REPORT FOR 1ST QTR FY 83							
7TH MEDICAL COMMAND, APO NEW YORK 09102							
RCS MED-376(R1)							
COMMAND SUMMARY							
PART I. MANAGEMENT INFORMATION							
		ARMY	NAVY/MARINE	AIR FORCE	OTHER	TOTAL	PERCENT OF TOTAL
1.	MILITARY STRENGTH SERVED	0000	0000	0000	000	0000	00.00
	NUMBER CLASSIFIED 1	0000	0000	0000	000	0000	00.00
	NUMBER CLASSIFIED 2	0000	0000	0000	000	0000	00.00
	NUMBER CLASSIFIED 3	0000	0000	0000	000	0000	00.00
	NUMBER CLASSIFIED 4	0000	0000	0000	000	0000	00.00
		TOTAL CLINICS			TOTAL TREATMENT ROOMS		
2.	DENTAL FACILITIES	000			000		
3.	TIME LOST TO UNFILLED APPOINTMENTS	0000 HOURS					

Figure 2-3. Sample Dental Supplement Report

PREPARED 01/03/83

**DENTAL SERVICE REPORT
DENTAL SUPPLEMENTAL REPORT FOR 1ST QTR FY 83
7TH MEDICAL COMMAND, APO NEW YORK 09102**

RCS MED-378(R1)

PART II PERSONNEL STATUS

COMMAND SUMMARY

<i>CATEGORIES OF PERSONNEL</i>	<i>TDA REQUIREMENTS</i>	<i>TDA AUTHORIZATION</i>	<i>ASSIGNED</i>	<i>OTHER BORROWED, ETC</i>
DENTIST				
MILITARY	0000	0000	000	000
CIVILIAN	0000	0000	000	000
GENERAL PRACTICE RESIDENTS	0000	0000	000	000
DENTAL NCOs				
91E30	00	00	00	000
91E40	00	00	00	000
91E30	00	00	00	000
42D40	00	00	00	000
42D30	00	00	00	000
DENTAL ASSISTANTS				
MILITARY	00	00	00	000
CIVILIAN	00	00	00	000
DTAs				
MILITARY	00	00	00	00
CIVILIAN	00	00	00	00
HYGIENISTS				
MILITARY	00	00	00	00
CIVILIAN	00	00	00	00
PUBLIC HEALTH DENTAL HYGIENISTS				
MILITARY	00	00	00	00
CIVILIAN	00	00	00	00
DENTAL LAB TECHNICIAN				
MILITARY	00	00	00	00
CIVILIAN	00	00	00	00
ADMIN AND SUPPLY				
MSC	00	00	00	00
NCOIC	00	00	00	00
CIVILIAN ADMINISTRATIVE OFFICERS	00	00	00	00
MILITARY	00	00	00	00
CIVILIAN	00	00	00	00

Figure 2-3. Sample Dental Supplement Report-Continued

ADL SUMMARY

ARMY	NAVY/ MARINE	AIR FORCE	TOTAL MILITARY	MILITARY WEIGHTED	DEPEN- DENTS	DEPENDENT WEIGHTED	RETIRED	RETIRED WEIGHTED	ALL OTHER	ALL OTHER WEIGHTED	ALL	ALL WEIGHTED
I. GENERAL PROCEDURES												
00001	POUR CAST, PRELIMINARY, MASTER, OPPOSING OR REMOUNT											
0000	0000	000	0000	000.0	0000	000.0	00	00.0	00	0	0000	0000.0
00002	POUR CAST, FIXED											
0000	0000	000	0000	000.0	0000	000.0	00	00.0	00	0	0000	0000.0
00003	BOX AND POUR											
0000	0000	000	0000	000.0	0000	000.0	00	00.0	00	0	0000	0000.0
00004	IMPRESSION TRAY, CUSTOM											
0000	0000	000	0000	000.0	0000	000.0	00	00.0	00	0	0000	0000.0
00005	POUR ALTERED CAST											
0000	0000	000	0000	000.0	0000	000.0	00	00.0	00	0	0000	0000.0
00006	ARTICULATION, SIMPLE, FIXED OR REMOVABLE											
0000	0000	000	0000	000.0	0000	000.0	00	00.0	00	0	0000	0000.0
00007	ARTICULATION, SEMI ADJUSTABLE, FIXED OR REMOVABLE											
0000	0000	000	0000	000.0	0000	000.0	00	00.0	00	0	0000	0000.0
00008	ARTICULATION, FULLY ADJUSTABLE, FIXED OR REMOVABLE											
0000	0000	000	0000	000.0	0000	000.0	00	00.0	00	0	0000	0000.0

Figure 3-1. Sample Area Dental Laboratory Production Report

**AREA DENTAL LABORATORY REPORT
AREA DENTAL LABORATORIES PRODUCTION REPORT
PRODUCTION ANALYSIS SECTION
REPORTING PERIOD 01 JAN 83 THRU 31 JAN 83
ADL, SUMMARY**

PREPARED 01/03/83

RCS MED-389

BY COMPOSITE LAB VALUES

	<i>PROCEDURES</i>	<i>*TOTAL*</i>	<i>PERCENT</i>
GENERAL PROCEDURES	01 THRU 14	0,000	00.00
FIXED PARTIAL DENTURES	15 THRU 35	0,000	00.00
REMOVABLE PARTIAL DENTURES	36 THRU 55	0,000	00.00
COMPLETE DENTURES	56 THRU 65	0,000	00.00
ORTHODONTICS	66 THRU 79	0,000	00.00
MAXILLOFACIAL	80 THRU 92	0,000	00.00
MISCELLANEOUS	93 THRU 99	0,000	00.00
TOTAL		0,000	00.00
REMAKES			
CLINICAL		0000	00.00
LABORATORY		0000	00.00

BY MAJOR PROCEDURE TYPE

	<i>PROCEDURES</i>	<i>TOTAL UNITS/PROSTHESES</i>
FIXED PROSTHODONTICS		
PARTIAL DENTURES	15/16/18/29	000
CROWNS	19-20/22-24/27	000 UNITS
REMOVABLE PROSTHODONTICS		
PARTIAL DENTURES	42/43-45	000
COMPLETE DENTURES	57/60/62-63	000
ORTHODONTICS	68-70/72-75	000
MAXILLOFACIAL	81/84-89	000
MISCELLANEOUS	93 / 94	000

CASES ON HAND LAST DAY OF MONTH

FIXED UNITS 000 REMOVABLE ARCHES 000 ORTHODONTICS/ARCHES 000 MISCELLANEOUS/CASES 0

MONTHLY AVERAGE OF TIME IN LAB

<i>PROCEDURE</i>	<i>**TITLE OF PROCEDURE**</i>	<i>AVERAGE DAYS</i>
FIXED PROCEDURES		
15	FULLY FABRICATED FIXED PARTIAL DENTURE, PORCELAIN OR ACRYLIC RESIN VENEER	00
16	CASTING ONLY, FIXED PARTIAL DENTURE, PORCELAIN OR ACRYLIC RESIN VENEER	00
18	FULLY FABRICATED FIXED PARTIAL DENTURE, ALL METAL, UNVENEERED	00
19	FULLY FABRICATED CROWN, PORCELAIN OR ACRYLIC RESIN VENEER	00
20	CASTING ONLY, CROWN, PORCELAIN OR ACRYLIC RESIN VENEER	00
22	FULLY FABRICATED CROWN, ALL METAL, UNVENEERED	00
23	INLAYS, METAL OR PORCELAIN	00
27	SURVEYED CROWN	00
29	ANDREWS BRIDGE	00
	AVERAGE FOR ABOVE FIXED PROCEDURES	00

Figure 3-1. Sample Area Dental Laboratory Production Report-Continued

PREPARED 01/03/83

AREA DENTAL LABORATORY REPORT
AREA DENTAL LABORATORIES PRODUCTION REPORT
PRODUCTION ANALYSIS SECTION
REPORTING PERIOD 01 JAN 83 THRU 31 JAN 83
ADL, SUMMARY

RCS MED-389

PROCEDURE	MONTHLY AVERAGE OF TIME IN LAB **TITLE OF PROCEDURE**	AVERAGE DAYS
REMOVABLE PROCEDURES		
41	PROCESS ONLY, REMOVABLE PARTIAL DENTURE OR COMPLETE DENTURE	00
42	FULLY FABRICATED REMOVABLE PARTIAL DENTURE	00
43	TRANSITIONAL REMOVABLE PARTIAL DENTURE	00
45	CASTINGS ONLY, REMOVABLE PARTIAL DENTURE, SURGICAL SPLINTS, ARCH BARS AND METAL PLATES	00
49	SPECIALIZED HINGED RETAINER, REMOVABLE PARTIAL DENTURE	00
	AVERAGE FOR ABOVE REMOVABLE PROCEDURES	00
COMPLETE DENTURES		
57	SET UP, COMPLETE DENTURE	00
60	PROCESS ONLY, COMPLETE DENTURE	00
62	FULLY FABRICATED, COMPLETE DENTURE	00
63	DUPLICATE OR TRANSITIONAL, COMPLETE DENTURE	00
	AVERAGE FOR ABOVE COMPLETE DENTURES	00
ORTHODONTIC PROCEDURES		
68	ORTHODONTIC TOOTH POSITIONER	00
69	HAWLEY APPLIANCE, SIMPLE	00
70	REMOVABLE ORTHODONTIC EXPANSION APPLIANCE	00
72	SOLDERED APPLIANCE, SIMPLE FIXED	00
73	SOLDERED APPLIANCE, COMPLEX, FIXED	00
74	BASIC ORTHOPEDIC APPLIANCE	00
75	FUNCTIONAL ORTHOPEDIC APPLIANCE	00
	AVERAGE FOR ABOVE ORTHODONTIC PROCEDURES	00
MAXILLOFACIAL PROCEDURES		
81	SCULPTURE OF PROSTHESIS, MAXILLOFACIAL	00
83	FABRICATION OF METAL MOLD, MAXILLOFACIAL	00
85	CASTING, COMPLEX METAL, MAXILLOFACIAL	00
87	RADIATION CARRIERS, SHIELDS AND DOCKING DEVICES	00
89	CUSTOM OCULAR PROSTHESIS	00
	AVERAGE FOR ABOVE MAXILLOFACIAL PROCEDURES	00

Figure 3-1. Sample Area Dental Laboratory Production Report-Continued

PREPARED 01/03/83

**AREA DENTAL LABORATORY REPORT
AREA DENTAL LABORATORIES PRODUCTION REPORT
PRODUCTION ANALYSIS SECTION
REPORTING PERIOD 01 JAN 83 THRU 31 JAN 83
ADL SUMMARY**

RCS MED-389

AVERAGE COMPOSITE LABORATORY VALUES

<i>TOTAL COMPOSITE LAB VALUES FOR THIS MONTH</i>	<i>TOTAL DAYS THIS MONTH</i>	<i>AVERAGE COMPOSITE LABORATORY VALUES</i>
00,000	00	0,000

COMPOSITE LABORATORY VALUES BY SUBMITTING SERVICE

<i>*TOTAL*</i>	<i>PERCENT</i>	<i>*TOTAL*</i>	<i>PERCENT</i>	<i>*TOTAL*</i>	<i>PERCENT</i>	<i>*TOTAL*</i>	<i>PERCENT</i>
ARMY 00,000	00.00	NAVY 000	0.00	AIR FORCE 000	0.00	OTHER 0,000	0.00

COMPOSITE LABORATORY VALUES BY BENEFICIARY TYPE

<i>ARMY</i>	<i>NAVY</i>	<i>AIR FORCE</i>	<i>OTHER</i>	<i>DEPENDENT</i>	<i>RETIRED</i>	<i>TOTAL</i>
00,000 00.00 **	000 0.00	** 000 0.00 **	0,000 00.00	**0,000 00.00	**0,000 00.00**	00,000 100.00

AVERAGE DAILY STRENGTH AND PRODUCTIVITY DATA

AVERAGE DAILY TOTAL ASSIGNED STRENGTH	00.00
AVERAGE DAILY NUMBER OF TECHNICIANS ASSIGNED	00.00
AVERAGE DAILY TECHNICIAN HOURS PRESENT FOR DUTY-ACTUAL	00.00
AVERAGE DAILY TECHNICIAN HOURS PRESENT FOR DUTY-POSSIBLE	00.00
AVERAGE DAILY COMPOSITE LAB VALUES PER ASSIGNED INDIVIDUAL	00.00
AVERAGE DAILY COMPOSITE LAB VALUES PER ASSIGNED TECHNICIAN	00.00
AVERAGE DAILY COMPOSITE LAB VALUES PER TECHNICIAN HOUR	00.00

Figure 3-1. Sample Area Dental Laboratory Production Report-Continued

**AREA DENTAL LABORATORY REPORT
SUPPLEMENTAL REPORT FOR JANUARY
ADL SUMMARY**

RCS MED-389

SUPPLY COST PER PROCEDURE .00

NUMBER OF RESERVISTS TRAINING AT ADL

DENTISTS 0	TECHS 00	NO. OF PRODUCTIVE HOURS 0000	NUMBER OF CLVs 0000
------------	----------	------------------------------	---------------------

<i>CATEGORIES OF PERSONNEL</i>	<i>MOS SERIES</i>	<i>TDA REQUIREMENTS</i>	<i>TDA AUTHORIZATION</i>	<i>ASSIGNED</i>	<i>OTHER BORROWED, TOE</i>
DENTIST					
MILITARY	317	0	0	0	0
CIVILIAN	680	0	0	0	0
DENTAL LAB NCOs, SPECIALISTS, & TECHNICIANS					
42D40	*424	0	0	0	0
42D30	*423	0	0	0	0
42D20	*422	0	0	0	0
42D10	*421	0	0	0	0
CIVILIAN	**683	0	0	0	0
ADMIN AND SUPPLY					
MSC	301	0	0	0	0
NCOIC	*915	0	0	0	0
MILITARY	*710	0	0	0	0
CIVILIAN ADMIN OFFICERS	**300	0	0	0	0
TOTAL					
DENTIST MILITARY	317	0	0	0	0
DENTIST CIVILIAN	680	0	0	0	0
MSC	301	0	0	0	0
ENLISTED	*	0	0	0	0
CIVILIAN	**	0	0	0	0

Figure 3-2. Sample Area Dental Laboratory Supplemental Report

Glossary

Section I Abbreviations

ADL

area dental laboratory

ADLR

Area Dental Laboratory Report

ADT

active duty for training

AMC

Army Medical Center

AMEDD

Army Medical Department

ARNG

Army National Guard

ASD(HA)

Assistant Secretary of Defense (Health Affairs)

ASI

additional skill identifier

AT

annual training

BMM

borrowed military manpower

CLV

composite laboratory value

CTV

composite time value

DENTAC

dental activity

DOD

Department of Defense

DSR

dental services report

DTA

dental therapy assistant/dental assistant, expanded functions

DTF

dental treatment facility

HQ

headquarters

HQDA

Headquarters, Department of the Army

IDT

inactive duty training

JADA

Journal of the American Dental Association

lab

laboratory

MOS

military occupational specialty

MS

Medical Service Corps

NCO

noncommissioned officer

NCOIC

NCO in charge

RCS

requirement control symbol

TDA

table of distribution and allowances

TOE

table of organization and equipment

USAR

U.S. Army Reserve

Section II Terms

Area dental laboratory

Dental laboratory facility which is responsible for providing a broad range of dental laboratory support for the Military Departments and other agencies, departments, and organizations as directed. (See app B.)

Borrowed military manpower

Personnel assigned from TOE and modification table of organization and equipment units and other military personnel who perform work in the dental activity.

Dental activity

Dental treatment organization responsible for providing professional dental care and services to authorized personnel in a geographical area.

Dental treatment room

Each patient treatment area within a dental clinic that contains a dental operating chair, a dental operating unit, and a dental light.

Unfilled appointment

Broken or canceled appointment not filled by a patient from a standby roster, overbooked schedule, or other method of filling broken appointment time.

Military dental assistant (ASI X-2)

A graduate of the dental hygienist course, 330-F3, or previous dental therapy assistants course, 330-F2.

Section III

Special Abbreviations and Terms

There are no special terms.

Unclassified

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